VR A1S (4) 1SM 9/59

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1264

CERTIF	CATE	OF I	DEATH

,(1250

	1. PLACE OF DEATH o. COUNWY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before of mission)
	VVICOMICO MARYLAND	my wencet
	b. CITY OR TOWN (If autside corporate limits, write RURACT and give nearest town)	c. CITY OR TOWN (If ogside carporate limit, write RURAL and give nearest town)
h	d. NAME OF HOSPITAL (If nat in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
70	FENINSULA GENERAL HOSPITAL	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Palas	Adkins de Tanlary 17 1960
	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours - Min
	MALE WHITE WIDOWED DIVORCED	DANUARY 17-1961 YIS. 1 39
	10a. USUAL OCCUPATION (Give kind of wark dane) during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME ON 10	14. MOTHER'S MAIDEN NAME
	Merrill Thomas adking	alna 6. Mc Mark
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no for unknown) (If yes, give wor or doles of service)	Momas adams Snowfill ma
	1B. CAUSE OF DEATH [Enter anly one couse per line for (g), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HTelect.	3212.
	DUE TO PIE	+ /
	Canditions, if any, which gave rise to immediate (b)	avity
	cause (a), stoting the <u>under-</u> lying couse last.	
	(6)	UT NOT RELATED TO THE TERMINAUDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
a	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	2 Red I MEG NO YES NO
C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter Mature of injury in Part I ar Part II of item 1B.)
		PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) foctory, street, office bldg., etc.)
	p. m. 19 of work at wark	1/2 // //2
	21. I certify that (I) (this haspital), a tended the deceased fram	712.0
H	saw the deceased alive an 19.00, and that 22a. SIGNATURE	death accurred at AM, from the causes and an the date stated above.
	alfiel C. Kolls	M.D. ATTENDING MED. STAFF SIGNED
ř	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
1		medical lenter alistrary, mangage
	TO SERVIAL, CREMATION 279. DATE THEREO 23c. NAME OF CEMETERY	OR CREMATORY 23d. OCATION (City fravoge county) (Shorte) Mills
1	24 PUNEAU DIRECTOR'S SIGNATURE ADDRESS	JAN 2 3 61 25b, REGISTRAR'S SIGNATURE
-	Kelly James Snow Hell	mg DATE JAN 23 61 Circling S. Kraus
	(2012353XV2	· MANAGER AND A STATE OF THE ST

MARCHO ZIA HITRAS VILLE AGNAVI Beech and the Charge of Della Control of the Contro 2186733 STA I treat a mark marchard Statemental Law stam 11 1/1 1/2 1/2 1/2 algor Dlufth and were proportioned with I have been Committee Stand British Standard Committee and Committee a Sallenge - Sales File March

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 1265

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1. PLACE OF DEATH o. COUNTY Wi	comico		MARYL	AND	2. USUAL RESIDENCE o. STATE Marylan		sed lived. If ins b. COU		_	e before		ion)
b. CITY OR TOWN	(If outside corporate limiteorest town)	ts, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN			rite RU	RAL ond g	ive near	est town)
Salisbury,	Maryland		lyr.8mo.23	day		e, Mary	rland	141				
OR INSTITUTION					d. STREET ADDRESS	S		18	XE			FARM?
Deer s	Head State	Hos	pital					- 10	1 1	as	YES [NO []
3. NAME OF DECEASED (Type or print)	John	st	\mathbb{R}_{ullet}		Bozman	4. DATE OF DEAT		Monti	h	Day 28		reor 1961
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D A	DATE OF BIRTH		9. AGE (In y	ears	IF UNDER	_	-	
Male	White	WIDOW			April 2,		75	yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI during most of work Wallering	ON (Give kind af wark king life, even if retired an	dane 10b.	seafood	RINDUS	IRY 11. BIRTHPLACE (S Maryl	tote or fareigr .and	country)			S.	WHATC	OUNTRY?
13. FATHER'S NAME John B	ell Bozma	n			14. MOTHER'S MAIDE Maley	on NAME	S					
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, IN	FORMANT		B Payers	Addre	ess		-01	
{Yes, no, or unknown}	(If yes, give war or dates of s	ervice)		Br	ice Bozma	in, Or	iole,	Md				
Conditions, if a gove rise to couse (o), stoting lying couse last.	DUE TO any, which immediate the under: County of the under: (county of the under: (coun)	ne for (o), (b), and (c).] Cerebral th Arterioscle	romb	s general		ASS CONDITION			у	5 hr	s.
PARI II. OI	HER SIGNIFICANT CON		CONTRIBUTING TO DEA Arterioscle						IN IIN FAKI	1(0) 17	PERFO	RMED?
(IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED	. (Enter noture af injur)	y in Part I or I	Port II of item 18	3.)				
20c. TIME OF INJU Hour a. m. p. m.		While		20e. PLA foc	CE OF INJURY (Hame, ory, street, affice bldg.,	farm, 20f. (C	City ar tawn)	Ŧ	(C	ounty)		(Stote)
21. I certify the	at (I) (this hospita) attend	ded the deceased	from thot d			Jan 2					
22a. SIGNATURE	V. Juen			940	A.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF		Jar			SIGNED
22c. PHYSICIAN'S NAME (Type)	V. Juerma		.D.		22d. ADDRESS Salis	sbury,	Marylan	d				
23a. BURIAL, CREMATION OF THE WORLD	ON, 236. DATE THEREO	î Î	23c. NAME OF CEME	TERY O	CREMATORY		iole,	Md			(Stote	e)
24. FUNERAL DIRECTO		,	ADDRESS Princess	Ann		REC'D BY REG			TRAR'S SIG			

TO HOSPITA VR A15 (4) 1SM 9/59

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VR A15 (4) 15M 9/59

MARYIAND	STATE	DEPARTMENT	OF	HEALTH
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DIVISION OF	STATISTICAL RESEARC	H AND RECORDS -	- BALTIMORE	1, MARYLA
1966	CERTIFIC	CATE OF DE	ATH	

1266	CERTIFICA	TE OF DEATH		11252
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: Reside b. COUNTY Mic	ence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Salisbury	c. CITY OR TOWN (If ou	itside corporate limits, write RURAL and		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Deer's Head State Hospital		d. STREET ADDRESS	ark Drive	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Georgia	Middle	Brenner	4. DATE Month OF DEATH January	Day Yeor 26 1961
5. SEX 6. COLOR OR RACE 7. MARRII Female White widower	DIVORCED DIVORCED	8. DATE OF BIRTH 1-30-1884		R 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of warking life, even if retired)	IND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote of Va.	or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Kobe Kenna		Maetha Ker		
	OCIAL SECURITY NO. 17.	nformant s Georgia Ca	Address arter Salisbur	ev. d.
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		tic heart dise	ase	INTERVAL BETWEEN ONSET AND DEATH Yrs
gove rise to immediate couse (a), stating the under-	Arterioscleros	sis, general		Yrs
Part II. OTHER SIGNIFICANT CONDITIONS CO		T NOT RELATED TO THE TERMIN	nal disease condition given in Pa	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE PERFORMENT NO THE PE
PART II. OTHER SIGNIFICANT CONDITIONS CO Old cerebral throm? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. P. m. 19 While at work	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While at wark	Not while fo	LACE OF INJURY (Home, farm, octory, street, office bldg., etc.)		(Caunty) (State)
21. I certify that (I) (this haspital) attended saw the deceased alive at 22a. SIGNATURE	ed the deceased fram 19, and that	death accurred at 12:20 M.D. ATTENDING ME PHYS. ME	M, from the causes and an the P•M•	
22c. PHYSICIAN'S NAME (Type) L. V. Maldve,	M. D.	Deer's Hea	ad State Hospital;	Salisbury, Md.
236. BURIAL, CREMATION, 236. DATE THEREOF LANGUAGE (Specify) 1-29-61	Perry awki	cem.	23d. LOCATION (City, town, or county	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A	250. REC'D	BY REGISTRAR 25b. REGISTRAR'S	

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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

211000	KEDEM		4145	CECON	D -	DATE
CE	RTIF	ICA	TE	OF	DE	ATH

1967

(1253

1. PLACE OF DEATH o. COUNTY 1. Comic o	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE	b. COUNTY	e before admission) RSET
b. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo		
Salishury	10 HOURS	RURAH - Paca	MOKE CITY	
d. NAME OF HOSPITAL (If nat in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	las	e. IS RESIDENCE ON A FARM?
teninsula General	Nospital	R.F.D. 1	X	YES NO NO
3. NAME OF First DECEASED (Type or print)	S. Middle	Hingham 4. DATE OF DEATH	January	Day Yeor 196/
S. SEX 6. COLOR QR BACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
Male White WIDOW	/ED 🔯 DIVORCED 🔲	MARCH 16, 1905	1 Months 1 Jast birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign co	ountry) 12. CITIZ	EN OF WHAT COUNTRY?
PLUMBER	PLUMBING	MARYLAND	u	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	c.	
CHARLES L. BRITTINGH		EMMA R. RI		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates af service)	SOCIAL SECURITY NO. 17. II	NFORMANT	Address R. I	E. D. 1
YES WW#2 2	5-16-8394 m	RS CLARENCE J. TA	YLOR POCOMOK	E CITY, MU.
18. CAUSE OF DEATH [Enter only one cause per l	ine far (a), (b), and (c).	011.1	A	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	yocardeal	, Infact, c	aculo	1 day
DUE TO		0		1
Canditions, if any, which (b)				
couse (o), stoting the <u>under</u> . DUE TO				
/ (0)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	F CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
ATIO	CONTRIBUTION TO DESTRIBUTION	THE RESIDENCE TO THE PERMITTED FOR THE	E CONDINON ON EN WITHIN	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part	t II of item 1B.)	100 100
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Home, farm, 20f. (City	or town) (C	ounty) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. While p. m. 19 of wo	Not while ork at work	ctory, street, office bldg., etc.)		
21. I certify that (I) (this haspital) attend	ded the deceased fram	1-10 1961, 10	1-10 196	L, tha (I) (we) last
saw the deceased alive an 1-10	/ .	death accurred at Jakk from		
22o. SIGNATURE				22b. DATE SIGNED
100000	Do to	M.D. PHYS. DIRECTOR	STAFF PHYS.	1-10-61
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
W. R. ELLIS	, SR. m. D.	SALISBURY,	MARYLAND	
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		TION (City, town, or county)	(Stote)
BURIAL 1-13-61	GOODWILL 1	METHODIST RIRAL	10-0111-1-	Y, MARYLAND
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGIST		
Henry M. Warson P	OCOMOKE CITY,	MD. DATBAN 1 6 '61	arthur S. F	isuu.

A READO TO BEADERFOOD TO STATE OF THE STATE AND WART THE RESIDENCE AND THE PROPERTY AND A CONTROL OF THE

Rd

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 has

fter death. Page 4

TO HOSPITA

7268	CERTIFICA	IE OF DEATH	0-201
PLACE OF DEATH Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE Maryland b. COUNTY Wico	mico
6. CITY OR TOWN (If outside corporate limits, w RURAL and give pearest town) (RUPAL) Salisbury	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and g Salisbury (Rural)	ive nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give son institution Road	street address)	d. STREET ADDRESS R.D.# 1 (Union Rd)	e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF First Cape (Type or print) SYDNEY	Middle TULL	BROWN 4. DATE Month OF DEATH JANUARY	Doy Year 10th 19 6
10	MARRIED NEVER MARRIED DOWED DIVORCED	J. J. J. A. J.	1 YEAR IF UNDER 24 HR Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tetired Carpenter	Construction		USA
13. FATHER'S NAME Anthoney Brown		Mary Malone	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, e. o. gunknown) (If yes, give wor or dates of service)		s. Tris B. Long (Daughter) R.D. Salisbury, Maryland	# 1 Union
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. MMEDIATE CAUSE (a) DUE TO DUE TO Co.	- Consultation		
CATIO		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPS PERFORMED? YES NO
	N/A	ED. (Enter nature of injury in Part I or Part II of item 18.)	
Hour a.m. NT /A		ACE OF INJURY (Home, form, 20f. (City or town) (City, street, affice bldg., etc.)	Caunty) (Stat
21. I certify that (I) (this haspital) a saw the deceased alive an	ttended the deceased fram	1 • 20 P M	that (I) (we) la
220. SIGNATURE LULLED CA =	Lusley	M.D. ATTENDING X MED. PHYS. Januar	1 /SIGNE
NAME (TYDr. Philip A.		Main St. Salisbury, Mary	
		tery_R.D.# 1(Union Rd) Salis	
HOLLOWAY & COMPANY	SALISBURY MAR	YLAND DATE JAN 1 3 '61 Cirilar	

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CERTIFICATE OF DEATH

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requires that the death certificate

ATTENDING PHYSICIAN: The law

Page

death.

1. PLACE OF DEATH o. COUNTY Wicomico

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Wicomico Maryland

Hebron

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Salisbury

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural)

1269

HS RESIDENCE ON A FARM? YES A NO d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Gen Hospital R.D.# NAME OF First Middle 4. DATE Month Year Day DECEASED NORMAN JANUARY LEE BRUMLEY 5th 1961 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 1952 birthdoy) Months White Male March 19,1908 WIDOWED | DIVORCED T yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Employed (J.H. Dulanv Foods Inc) Supv. Eden, Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Glenmore Franklin Brumley Annie Carev Mrs.Lucille G.Brumley(Wife)R.D.#1 Hebron, Maryland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) While Not while ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram... ___, that (1) (we) last M, fram the causes and an the date stated above. , and that death accurred at saw the deceased alive an

220. SIGNATURE

ATTENDING PHYS.

6 JENED 22b. DATE 9 Jan.

22d. ADDRESS

Cemetery

Dr.Andrew C.Mitchell

Ave. Salisbury, Maryland Marvland 23d. LOCATION (City, town, or county) (Stote)

Burial (Specify) Jan.8 Parsons .1961 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

23b. DATE THEREOF

Salisbury, Maryland 25g. REC'D BY REGISTRAR '61

MED.
DIRECTOR

25h. REGISTRAR'S SIGNATURE Cition S. Thous

HOLLOWAY & COMPANY

22c. PHYSICIAN'S

23a. BURIAL, CREMATION,

NAME (Type)

VR A15 (4) 1SM 9/59

TO FUNERAL

shauld

page 3 sh the State E m

> SALISBURY MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

DATE JAN 9

TORS CHIMHOATE OF BEATH open notes that the second of THE PROPERTY OF SPECIAL CO. and the Landers of the contract of the contrac The Part of the Pa But the first th Management, pardeling to waste not ender the test, 8. and 1 and 16

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, しほんし() FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERI PLACE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before admission) e. COUNTY director. Page of Health, a. STATE b. COUNTY is necessary, files. Maryland Wicomico MARYLAND Wicomico b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town retained for your Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Salisbury State Board d. STREET ADDRESS e. IS RESIDENCE s 1, 2, and 3 to the funeral dage 5 may be retained for 1 and 2 with the State Boa 72 hours after death. ON A FARM? Peninsula NAME OF General Hospital YES NO Newport DATE Month Year DECEASED OF (Type or print) DEATH 19 Michae] Bryant 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months WIDOWED 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired) "pending" in pencil in Item 18. Give Pages 1, evept within 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or unkown) | (If vasqive war or detas of service Examiner's Office along with a used as a burial-transit perm This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Meningococcemia 10 hours IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the undarlying cause last be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO F 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING TO MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, Month, Dey, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While 2 Hour am at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection K Inquiry and in my opinion agent, Suicide Undetermined manner death resulted from: Natural causes T Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 1-27-61 DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Salisbury ddres freet, city, town, or county) 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (Steta) its REMOVAL (Specify) OH 40 DURIA 23. FUNERAL DIRECTOR DATE JAN 31 '61 VS. A15ME arthur S. Kraus 5M 7/59

THE REST THE PARTY AND STATE ON STREET on Lond of the last of the las serve overcomes of a first the Landrence franch afaire as The state of the s Marine Marine Marine Marine State of the Sta had not been selected and the selection of the enter de la company de la comp 5 -- --Among the state of the state of Live White Algorithms of the series of MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH o. COUNTY (U) (C) Dm (U)	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. a. STATE b.	If institution: Residence befare admission) COUNTY,
b. CITY OR TOWN (If outside corporate limits, write RORAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR JOWN (If outside corporate limit	
Jalisbui'y		Malis Dury	13
d. NAME OF HOSPITAL (If noy in hospital, give street OR INSTITUTION Penin 3 44 a Hen	eraL	d. STREET ADDRESS 330 Camden Ave.	e. IS RESIDENCE ON A FARMA YES NO
3. NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH &	Month Day Yeor
S. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE	(In years (IF UNDER 1 YEAR) IF UNDER 24 HE
make white widow	ED DIVORCED	Sept.15, 1886 74	yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTR
Employee (Wico. Hotel) In	nterior Deco	rator- Baltimore Co	.Md. USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles Buckhart		Elizabeth (No Rec	ord)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.		
18. CAUSE OF DEATH [Enter only one couse per, li	ne for (o), (b), and (c).]		
PART I. DEATH WAS CAUSED BY:	desmad Cr	4 8 Luna	ONSEL AND DEATH
IMMEDIATE CAUSE (a)	energy or	· france	•
DUE TO			
Conditions, if ony, which (b)			
couse (o), stoting the under-			
lying couse lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CONTRIBUTIONS OF CONTRIBUTING CONTRIBUTIONS OF	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of ite	m 18.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. I Hour o. m. N/A 19 While of wor	Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	(Stot
21. I certify that (I) (this haspital) attend	ded the deceased fram	June 1960 10 am	1 1 that (1) (we) la
saw the deceased alive an HAM_	9_196/ , and that a	death accurred at 5 5M, from the ca	uses and an the date stated abav
226. SIGNATURE		ATTENDING MED. STAF	Jan.10,196 $1^{226,DATE}$
22C. PHYSICIAN'S		22d. ADDRESS	ACT OF BUILDING
NAME (Type) . William D.Gr	av	Camden Ave. Salis	bury Maryland
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		
REMOVAL (Specify)	SPRING HILL		ty, town, or county) (Stote) alisbury, Maryland
Burial Jan. 12, 1961 24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	T	25b, REGISTRAR'S SIGNATURE
	ATTSRIIRY MAR		Claims & France

may be reto and by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hoursyofter death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hay

fter death. Page 4

TO HOSPITA VR A15 (4) 15M 9/59

THE HALLS and the state of the second se

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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6.66						
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (W	Where deceased livyland	ved. If institution b. COUNTY	Wicomi	
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) (Rural) Quantico	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	ntico (110000	orest lown)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION R.D.#	street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) ROBERT	Middle GREENSBURY	BYRD Lost	4. DATE OF DEATH	JANUA		7th 19 6
9.7 - 9.5	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 3, 18		AGE (In yeors lost birthdoy) yrs.	Moghs 1 YEAR	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	106. KIND OF BUSINESS OR INDUS	R.D.# Q			12. CITIZEN O	USA
) Joseph Francis B	vnd	Rachel	Owens			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no. or unknown) (If yes, give war or dates of service Unk	? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT C.Byr	d(Son)	R.D.#	"Quanti	co, Md.
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO DUE TO	Hypersoply	of pros	fa fe g	lave e vet	l'entra	3 year
Part II. OTHER SIGNIFICANT CONDITIONS OF SECTION OF SIGNIFICANT CONDI	ic enceptra	Copathy	and c	orous	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20k OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. DESCRIBE HOW INDÚRY OCCURRE	D. Enter noture of injury i	n Port 1 or Port 11	of item 18.)	louse	ase
Hour o. m.		ACE OF INJURY (Home, fo ctory, street, office bldg., e N/A		n town)	(County)	(Stote
21. I certify that (I) (this haspital) a saw the deceased live an factorial saw the deceased live and factorial saw the deceased live and factorial saw the deceased live and factorial saw that the saw	ittended the deceased fram		05A from th	e causes an		hat (I) (we) las e stated abave
22 SIGNATURE TO V. So	fel ou	M.D. ATTENDING THYS.	MED. DIRECTOR	STAFF PHYS.	Jan.	22b. DATE SIGNED 19 /19
22c. PHYSICIAN'S NAME (Type Dr. L. V. Sohl	er	Delmar,	Maryla	and		
23a. BURIAL, CREMATION, 23b. DATE THEREOF Jan. 19, 1	961 PARSONS	CEMTERY		City, town, CISBURY		(Stote) LAND
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRA	R 25b. REGIS	STRAR'S SIGNATU	IRE
HOLLOWAY & COMPANY	SALTSBURY MA	RYT.AND DATE	A1114 -			

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	F 7/1-177 - 0-77 -				

MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		DIVISION C	L 21 WIIZIICAL	KESEAKCH	ANU	KECOK	D2 —	DAL
-	27	3	CEI	RTIFICA	ATE	OF	DE	ATH

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		7(11)	7	W43- 0080	2/267	61 mb					() 10	XO	. /
	PLACE OF DEATH		em-i	FILM GEGE	2/ 4/3.	USUAL RESID	ENCE (Wh	ere deceased	lived. If institu	tion: Residen	ce before	e admiss	on)
		Vicomico	100	MARYL	AND		laryla	and	b. COUNT	Wi	comi	co	4 10
	b. CITY OR TOWN (I RURAL ond give no	f outside carporate limi	ts, write	c. LENGTH OF STAY	N 1b	CITY OR T	OWN (If o	utside corpo	rote limits, write	RURAL and	give near	est town)
	,	Salisbury		1 mo. 20	da.	0	uanti	co					
		AL (If not in hospital, g	ive street a			d. STREET A			1000		e	. IS RES	DENCE FARM?
		Deer's Head	Stat	e Hospital									NO 🗌
	NAME OF	Fir	st	Middle		Last	1075	4. DATE	M	onth	Day	,	rear .
	DECEASED (Type or print)	Δ.	lma	Naomi	1	Camp	er	OF DEATH	Jar	uary	37		9 61
5. 5	SEX	P. 10	Description of the last of the	ED NEVER MARRIE		ATE OF BIRTH			9. AGE (In year	IF UNDER		IF UNDE	R 24 HRS.
	Female	Negro	WIDOWE			1/2/19	06		last birthdoy		Days	Haurs	Min.
	. USUAL OCCUPATION	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR				or foreign co	ountry)	12. CIT	ZENOF	WHATC	OUNTRY?
	Ass t Diet	ing life, even if retired		School		Mars	land				USA		
13.	FATHER'S NAME) T C(T)		Deligat	1.	. MOTHER'S		IAME			UUA		-
	Perry Wri	eht.				Sara	h J.	Robin	son				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INFOR					dress			
(Ye	No. or unknown)	(If yes, give wor or dates of so	ervice)		Davi	d Camp	er. C	uanti	co, Md I	RT #1			
	18. CAUSE OF DEA	TH [Enter only one co	use per line	for (o), (b), ond (c).]							INTE	RVAL BE	TWEEN
		TH WAS CAUSED BY:	0		Press	+ 0 17/17	atact	2000	to Chest		ONSI	Yea	
	17/	IMMEDIATE CAUSE (o	-	rcinoma of	Dream	N/ II	ic val	00.363	00 01100		5	100	13
		DUE TO									150		
	Conditions, if o	m me di ote									-		
	couse (o), stoting		159								199		
_	lying couse lost.) (c											
O	PART II. OTH	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	TH BUT NO	RELATED TO	THETERMI	NAL DISEAS	E CONDITION G	IVEN IN PAR	T 1(a) 15	PERFO	RMED?
CAT												YES 🗌	NO 🔀
MEDICAL CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OF	CURRED. (E	nter noture of	injury in I	Part I ar Par	t af item 1B.)	1115			
CE	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)											
CAL	20c. TIME OF INJUR	Y Manth, Day, Ye				OF INJURY () , street, affice			or town)	(Caunty)	E	(State)
MED	Hour o.m.	19	While of work	Not while ot work	laciary	, sireer, dirice	blag., etc.	1					
-	THE PROPERTY OF	(I) /sb:- b:a-l	1) -44			12/12/6	0 19	h	1/31/6	1 10	ماه	-1 /11 /	> 1 .
		it (l) (this haspital	1 11-					,		/ //			we) last
W	saw the deceas	sed alive on1/	31/61	19, and	that deat	h accurred		15P.M.	the causes of	and an th	e date		DATE
	220. SIGNATURE	V. luer	110	11.	44.5	ATTENDING	5 MI	ED.	STAFF			22	SIGNED
9	22c. PHYSICIAN'S	The co		<i></i>	M.D.	PHYS.		RECTOR [PHYS. X	te Ho	spit	al	
a	NAME (Type)	W Tuesma	n M	n		TEG. ADDRE			ry, Mar				
02	DUDIN COST	V. Juerma			TERY OR 55	ELLATORY.							
230	REMOVAL (Specify) Burial)r	23c. NAME OF CEME		EMAIURT			TION (City, town			(Stat	0)
_				Odd Fellov	s Cem		05		quin, Me		CALATZIO	-	
	FUNERAL DIRECTOR			ADDRESS				D BY REGIST		GISTRAR'S SI			
T	hornton B.	Jolley S	alisb	ury, Md			DATE F	1, 8 cr	61 0	Irthun S.	Than	A	

may be reported by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hays

TO HOSPITA

VR A15 (4) 15M 9/59

fter death. Page 4

1273 4 3 2 2 2 day English H. Commission of the C Taxing the Hangager TO THE HE WAS DONE OF THE STATE OF The second of the party of the second of a second of The same of the same of the AN AND THE PARTY OF THE PARTY O

and the second of the second o

(1259)

Day

e. IS RESIDENCE ON A FARM?

YES NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

YES NO

, that (I) (we) last

22b. DATE SIGNED

(Stote)

70

(County)

Cirthur S. Krous

6

12. CITIZEN OF WHAT COUNTRY?

within 24

VR A15 (4) 1SM 9/59

MERNY -Cerebral Homerhan -Harry of the way for the second

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) is necessary, il director. Page for your files. . COUNTY b. COUNTY Wicomico MARYLAND Worcester b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) for your write RURAL and give nearast town) Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) days City Pocomoke d. STREET ADDRESS State Boat tould be executed within 24 hours after death. If any in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained it burial-transit permit. File pages 1 and 2 with the State Bomoval. and in any evept—within 72 hours after death eneral Second DATE DECEASED OF (Type or print) DEATH Mae Taylor Choquette 1-30-61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthdey) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) Housewife Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arie James Taylor Pearl MEDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes. no. or unkown) | (If yes give wer or detes of service) Mrs Arie J. Taylor, Pocomoke 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Broncho-pneumonia: Peritonitis. IMMEDIATE CAUSE (a) DUF TO Bullet wounds of left chest & abdomen (b) geva rise to immediate causa ease execute the certificate, writing the word "pending's should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a rist designated agent, prior to burial cremation, or ren DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.) CAUSE OF DEATH. Shot by R. L. Parker 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) Not Whila 1-17-6 work at work Street Pocomoke Worcester Md. 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection T. Inquiry X. agent, death resulted from-Natural causes Accident Suicide Homicide Y Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUM DEPUTY MEDICAL EXAMINER Royer) Earl EXAMINER'S DEPUT NAME (Type) Andress (Streat, city, town, or county) NAME OF CEMETERY OF CHANGE 22a, BURIAL, CREMATION 22d. LOCATION (City, town, or country) REMOVAL (Specify) Buria Z40 9 First Baptist Pocomoke 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME comoke City, Md DATEFEB 6 arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

19

City, Md.

days

PERFORMED? NO

(State)

DATE SIGNED

(Steta)

Maryland

INTERVAL BETWEEN ONSET AND DEATH

13

Hours

USA

IF UNDER 24 HRS.

ON A FARM? YES NO XX

REPARCED STRUCTURE STRUCKARE ENGINEER GVSI and the supplied to the suppli modesonch handris to the second to the second gardalia matematica a company a comp . C3 chose 3 .dis. ... In The land income size income .al .tola signatur .tola avenue of a state of the state avable of the confer of the fact of the confer to the conf SHOULD BY D. L. Papies Total Catherine and Market Con-190 TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF TH The second of the second secon

death. Page 4 may be revaired by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remayol, and in any event, within 72 haurs offer death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour TO HOSPITAL

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VR A1S (4) 1SM 9/59

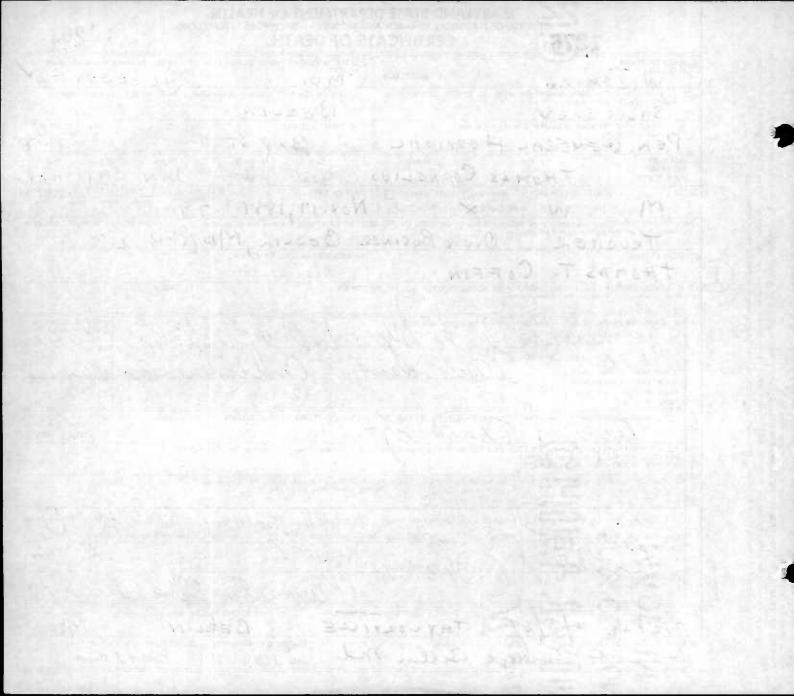
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	,	-II	Fel	V	A

		7.13.00	T+00 7/ 11:7 0	1227 2 7/ 67	-		
		PLACE OF DEATH b. COUNTY	MARYLAND	2. USUAL RESIDENCE (WI		COUNTY	e befare admission) 55 T GRV
	t	b. CITY OR TOWN (If autside carporate limits, w RURAL and give nearest lawn)	rite c. LENGTH OF STAY IN 16	1	outside carporate lin	nits, write RURAL and gi	
		d. NAME OF HOSPITAL (If not in haspital, give s	AA - dda	13 5 LL	1 14	V Common	e. IS RESIDENCE
10		OR INSTITUTION	HUSPITAL	d. STREET ADDRESS	v ST		ON A FARM?
	3 1	NAME OF First	Middle	Last	4. DATE	Manth	Day Year
		OFCEASED (Type or print) THOM	AS CORNELIU	3 Coffin	OF DEATH	JAN.	31 1961
	S. S	N/1 /	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH	88 9. AG	1 41 1 1	Days Haurs Min.
	10a.	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE State	ar fareign country)	12. CITIZ	EN OF WHAT COUNTRY?
		TRUCITER	OVYN BUSING	355 BERLI	M. MD	(RF,P, L	1.5, A.
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN I			
		THOMAS 1. CO	FFIN	Cora Tr	rader		
		WAS DECEASED EVER IN U. S. ARMED FORCES? s. no, or unknown) (If yes, give war or dates of service)		NFORMANT		Address	
		1B. CAUSE OF DEATH [Enter anly ane cause					INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Do to the Manager	Pu. 1. 1)	undo :	1	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	sque orgo	Car AJA	marin a		101144
		7 20 DUE TO	Oithing Com	anti- Ou	111:19	Tras. a.	do.
		Conditions, if any, which gave rise to immediate DUE TO	Mun sam	va cu	san v	appression	receive
		lying course last					
	Z	PART/II. OTHER SIGNIFICANT CONDITION	ONS-CONTRIBUTING, TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
	ICATION	(freely)	ract nx	suban.			PERFORMED? YES NO
	CERTIF	20a. ACCTOENT WAS UNDERLYING 1 20b OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in	Part I ar Part II af i	tem 1B.)	
	CAL			ACE OF INJURY (Hame, farm		(C	aunty) (State)
	MEDICAL		Vhile Nat while to wark at wark	actary, street, affice bldg., etc	2.}		
		21. I certify that (I) (this haspital) at	tended the deceased from	1-16.19	62/ta	- 3/, 19	that (1) (we) last
		saw the deceased alive on	3 / 19 / and that a	death occurred of	M, from the c	quses and on the	date stated above.
		22a. SIGNATURE	20	ATTENDING M	ED STA	1)	22b. DATE SIGNED
		1 Cotalin	/ TATARA	M.D. PHYS.	RECTOR PH		
		22c. PHYSICIAN'S NAME (Type)	Orsanio	27d. ADDRESS	rila !	Frent	1/0
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR-CREMATORY	23d. LOCATION	(ity, tawn, ar caunty)	(State)
9	1	BURIAL 2/3/6/	TAYLOR	YIUE	BER	LIN	MB
1	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC	D BY REGISTRAR	25b. REGISTRAR'S SIG	
3		14ma A. Durk	ge Derlin	DATE	E8 6 '61'	arthur &	. Terme



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTRE MARYLAND Wicomico eral be fi c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give peorest town) 0 JA/15 BUR d. NAME OF HOSPITAL (If not in haspital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION ocean Blrd. YES NO PA .5 NAME OF Middle 4. DATE Day Fire Month Year filled DECEASED DEATH (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5. SEX 6. COLOR, OR RACE B. DATE OF BIRTH MARRIED NEVER MARRIED last birthday) Months after Doys Hours DIVORCED [WIDOWED X papers. ā USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY dyring most of working life, evaluation of working life, evaluation of working life, evaluation of working life, evaluation of work done BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? OUSE puo -72 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Car .⊆ event, with 0 remove 17. INFORMAN 15. WAS DECEASED EVER IN U. &. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, of attending please CAUSE OF DEATH | Enter only one couse per line far (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO by Conditions, if ony, which (b) been signed gave rise to immediate per DUE TO couse (o), stating the underlying couse last. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? cremati YES | NO X 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II af item 18.) certificote the (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while FUNERAL DIRECTOR: After this p. m. at work of work haspital 21. I certify that (I) (this haspital) attended the deceased fram. that (I) (we) last pau saw the deceased alive an and that death occurred at M, fram the causes and an the date stated abave. detoch by the 220. SIGNATURE 22b. DATE SIGNED shavid be PHYS. M.D. DIRECTOR PHYS. Board 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 3 23a. BURIAL, CREMATION, 23d. LOCATION (City, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify 0 26 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) DATE FEB 15M 9/59

the state of the same of the s Later the source field throughout the the China The State of the Margaret of the State of th TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a death. Page 4 may be retained by the hospital or attending physician.

> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then measurement carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1278

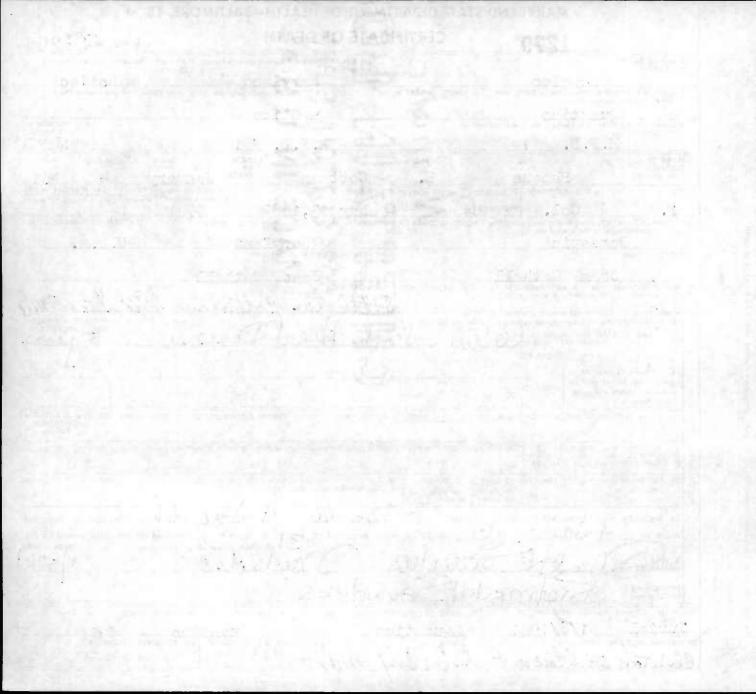
CERTIFICATE OF DEATH

M =		
1	PLACE OF DEATH a. COUNTY LITTONITION	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
	WICOMICO	a. STATE Maryland b. COUNTY TALBOT
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	Salisbury 43 days	Oxford
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
1	Deer's Head Hospital	YES NO W
3	NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
	(Type or print) Charles / T. Cot	tingham DEATH January 18 1961
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH SEPT-1-1884 9. AGE (In yeers FUNDER 1 YEAR IF UNDER 24 HRS.
_	M WIDOWED DIVORCED	JZ/ / Yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Waterman	Talbot County, Maryland
- 1	3. FATHER'S NAME - W- COTTINGHAM	14. MOTHER'S MAIDEN NAME UP A AA
	904N-W-CO111NG11AM	I VA CORNANIN
		INFORMANT Address //
1,	Yes, no, or unkown) (If yes give was of detes of service) 220-32-1022 (1)	m. Collughum Offord Md
-	1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carcionoma of bl	
	DUE TO	ACCORD
	geva rise to immediate cause	
	(a), stating the underlying DUE TO	
	ceuse last. (c)_	TO THE TRUIN A DIFFER CONDITION OF THE PART WAS AUTORS.
NO IT YOU	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
13	5	YES NO X
Cepyler	E 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING □ CAUSE OF DEATH I (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter neture of injury in Pert I or Pert II of item 1B.)
11:	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
120	at work at work	tory, straet, office bldg., atc.)
1		6 December, 1900, tol8 January, 1961 that (1) (XX) last
		death occured at 2A.M, from the causes and on the date stated above.
	22e. SIGNATURE	ATTENDING MED. STAFF SIGNED ATTENDING MED. STAFF SIGNED
1	22c. PHYSICIAN'S	22d. ADDRESS Salisbury,
4	NAME (Type) / LEE L. LAWRY, M. D.	Deer's Head State Hospital Maryland
2	130, BURIAL, CREMATION, 236. DATE THEREOF 230. MANY SF CEMETERY	
2	MUNERAL DIRECTOR SIGNATURE	1 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
V	Maurice & Melylan & Son. Caslon	DATE JAN 2 3 '61 Cuther S. Krous
14		

THE THE WAS LAKED HOLD SET WE WAS A SECOND OF THE PARTY O

	CERTIFICATE OF DEATH Reg. Dis	n. No.(1266
director lifed with	1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution: Resident b. COUNTY Wicomico Maryland Wiromico	ce before admission)
id be	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Quantico	
by the 1	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION R. F. D. # 1 R. F. D. # 1	e. IS RESIDENCE ON A FARM? YES NO
lled in	3. NAME OF DECEASED (Type or print) Phoebe E Cottman 4. DATE Month OF DEATH January	Doy Year 1961
etely fill.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER	1 YEAR IF UNDER 24 HR Doys Hours Min.
papers papers eath.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12.CITI during most of working life, even if retired)	ZEN OF WHAT COUNTRY
ion and carbon after d	Domestic Maryland U 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	. S. A.
ng physicion of remove carbon 72 hours after	John Cathell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT [I'es, no, or unknown) [If yes, give war or doles of service) [I'es, no, or unknown) [I'e	tra Wa
he death at attendir en please nt within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (o).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DATILLO CAUSTALE PLANT DEALES.	INTERVAL BETWEEN ONSET AND DEATH
es that t ed by the rmit. Th any eve	Conditions, if ony, which (b) (b)	O
cian. en sign ansit pe and in	couse (a), stating the <u>under-lying couse last.</u> DUE TO Lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART.	TION WAS AUTOPS
The lov g physical hos be urial-tre	CATK	PERFORMED? YES NO
CIAN: ittendin tificote s the b n, ar re	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSI tal or o this cer ar use a rematia	20c. TIME OF INJURY Month, Doy, Year Not while of work 19 19 19 20d. INJURY OCCURRED Not while of work 19 20d. INJURY OCCURRED Not WORK 19 20d. INJURY OCCURRED NO	County) (Stot
inding the hospi the After oched fo ourial, c	21. I certify that I attended the deceased from 15 Dec, 1960, to 4 1960 that I la olive on 1960, and that death occurred of 120 M, from the couses and on the	
ATTE Bd by th RECTOR be deto rior to b	ACTUAL SIGNATURE & Q. Q. A. C. C. C. C. M.D. M.D. M.D. M.D. M.D. M	DATE SIGN
RAL DI RAL DI should istrar pr	PHYSICIAN'S SICHEROLD SAUNDERS	
O HOSP may be O FUNE page 3 the regi	220. BURIAL, CREMATION, BREMOVAL (Specify) 1/8/1961 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Quantico 22d. LOCATION (City, town, or county) Quantico	(Stote)
VS A15 (4) 15M 9/5B	123. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS DATE JAN 1.1 '61 arthur 8.	4.4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

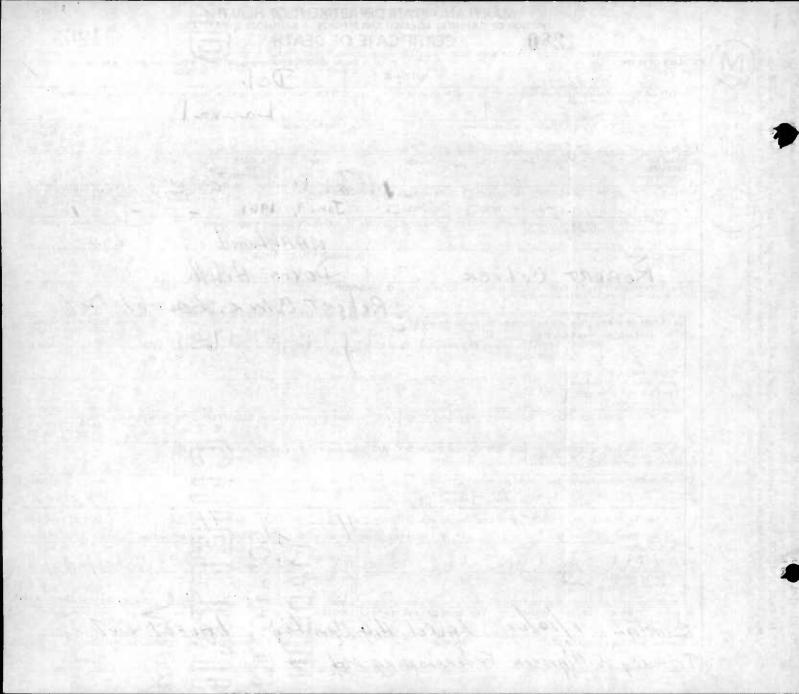


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01265

1. PLACE OF DEATH O. COUNTY MARYLAI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
- Calishury	Laure 46x-3
d. NAME OF HOSPITAL (Unat in haspital, give street address). OR INSTITUTION.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\cdot \) NO \(\cdot \)
Teninsula General Nospital	
3. NAME OF First // Middle DECEASED (Type ar print)	Lost 4. DATE Month Day Year OF DEATH JONE 25 4 9 196/
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
temale White WIDOWED DIVORCED	
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
osting may at the training me, over it remody	MARULAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT CULVER	Dovis Hitch
	17. INFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	ROBERT CUINER, LAUREL, Del.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	/ INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Buth of Comment and DEATH
IMMEDIATE CAUSE (a)	The state of the s
Conditions if any which	
gave rise to immediate DUE TO	
luing source lost	
, (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ATIO	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State)
Haur a.m. While Nat while	factory, street, affice bldg., etc.)
p. m. 19 at wark at wark	
21. I certify that (I) (this hospital) attended the deceased from	om
	nat death accurred at 62M, from the couses and on the date stated above.
220. SIGNATURE	ATTENDINGMED STAFF / SIGNED
agua Cous	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S()	22d. ADDRESS
NAME (Type)	
NAME (Type)	moleal level dalestreng manylane
23a. BURIAL, CREMATION, 23b. DATE HEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE BURIAL (Specify)	1414 Cemetery LAURE / Del
23a. BURIAL, CREMATION, 23b. DATE HEREOF 23c. NAME OF CEMETE	14,44 Cemetary LAURE Del 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE BURIAL (Specify)	14.4 Cemetary LAURE Del



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1	2	O	

1. PLACE OF DEATH a. COUNTY	Wicomico		MARYLA		USUAL RESIDENCE (WI		d lived. If institut			on)
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b			c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
RURAL and give nearest town Sallsbury				12 Salisbury						
d. NAME OF HOSPI	TAL (If not in hospital, s	give street addre	ess)		d. STREET ADDRESS				e. IS RESI	DENCE
OR INSTITUTION	116 E.Lo	cust S	t		116 I	E.Loc	ust St		YES 🗍	
B. NAME OF DECEASED (Type or print)	CHAR		Middle	1	DAVIS	4. DATE OF DEATH				ear 9 61
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE		
Male	White	WIDOWED	DIVORCED [Au	ig. 12,190	06	last birthday) 54 yrs	Months Day	s Haurs	Min.
a. USUAL OCCUPATION	ON (Give kind of work	dane 10b. KIND	OF BUSINESS OR I	-			country)	12. CITIZEN	OF WHAT CO	DUNTRY
Driver (Or	king life, even if retired)	Taxi		Salisbury	r Man	hee far	II S	Δ	
B. FATHER'S NAME	01001)		TOVI	10	I. MOTHER'S MAIDEN		y Land	0.0		
Joseph	Davis				Clara Wel	oster				
S. WAS DECEASED EVE	R IN U. S. ARMED FOR		IAL SECURITY NO.	17 INFOR				dress C E	Tagus	L C.
Yes, no, or unknown)	(If yes, give wor or dates of s	lervice)		mrs.	Salish	ourv.	Marylar	ITO P.	Locus	l D
Canditions, if a gave rise to i cause (a), stating lying cause last.	mmediate ()	0			0				
PART II. OTI	HER SIGNIFICANT CON	.5.	RIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	INAL DISEA	SE CONDITION G	IVEN IN PART 1(a	19. WAS A	UTOPSY
3									YES	NO 🔀
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCC	URRED. (E	nter nature of injury in	Part I ar Pa	rt II af item 18.)			
20c. TIME OF INJUR Hour a.m. p.m.	N/A 19	or 20d. INJUR While at wark [Nat while		OF INJURY (Hame, farm street, office bldg., etc N/A		y or tawn) N/A	(Cauni	ly)	(State
21. I certify the	at (1) (this haspita	l) attended	the deceased fr	am	1/20 19	60 ta.	1/3	rle, 1961.	that (I) (v	ve) last
saw the decea	sed alive an	1/26	19.61, and 1	at deat	h accurred at 1	M, fran	Me causes a	nd an the da	ite stated	abave
22a. SIGNATURE	11	1	200 11		. =====================================			4		DATE
101	llen D	. 80	Wes, to	M.D.		IRECTOR	STAFF PHYS.	Jan. 3	1/19	61
22c. PHYSICIAN'S NAME (Type)	.Wilber	R.E111	s Jr		22d. ADDRESS Medical	L Cen	ter Sa	lisbur	y Mar	vla
3a. BURIAL, CREMATIC	N. 23b. DATE THEREC	OF 236	. NAME OF CEMETE	RY OR CR	***************************************		ATION (City, tawn,		(State	
REMOVAL (Specify)	Jan. 29	1967 W	immico	Memo	rial Park	Sa	lisbury	Maryl	and	
4. FUNERAL DIRECTOR	'S SIGNATURE	701	ADDRESS		2Sa. REC	D 8Y REGIS	TRAR 256. REC	SISTRAR'S SIGNA		7-0
HOLLOWAY	& COMPAN	Y SAL	ISBURY M	ARYI	AND DATE	JAN 3 1	'61	arthur S.	Traves	

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

TO HOSPITAL

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may be retained by the hospitol ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, crematian, or removal, and in any event, within 72 haurs offer death.

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haur

TO HOSPITAL

VR A15 (4) 15M 9/59

death. Poge 4

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

(1967

THOM CENT	
PLACE OF DEATH O. COUNTY OF THE PROPERTY OF T	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
MARY MARY	Maryland Wicomico
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY	IN 1b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
RURA Cond give nearest town	Salisbury
d. NAME OF HOSPITAL (If not in hospital) give street address) OR (NSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
PENINSULA GENERAL HOSPIT	R.D.# 3 Mt. Hermon Rd YES NO
NAME OF DECEASED (Type or print) FRED THOMAS	DAVIS 4. DATE Month Day Year OF DEATH JANUARY 17 1961
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	ED CT 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WhitE WIDOWED DIVORCE	April 4,1892 (8 yrs. Months Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Driver) Wicomico Co, Maryland U S A
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Thomas Davis	Mary Kelley
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service)	Mrs. Virgie E. Davis (Wife Mr.D. # 3 Mt Hermo
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).	1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6) COLORENTO	mery occursion
TOU, DUE TO	t 4.0.
Conditions, if any, which gove rise to immediate (b) Conormy an	thy secross
couse (a), stoting the <u>under.</u> lying couse lost. (c) Qu. arteris	- lenous " "
, (c)	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES \(\) NO \(\)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING C	OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. p. m. N/A 19 While of work of work	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Haur o. m. N/A 19 While Not while of work of work	foctory, street, office bldg., etc.) N/A N/A
21. I certify that (I) (this haspital) attended the deceased	fram. Feb. 23 1954, to Jan 17, 1961, that (1) (was) last
	I that death accurred at M. fram the causes and an the date stated above.
22o. SIGNATURE	22b. DATE
H-7 Walley	M.D. ATTENDING MED. STAFF SIGNED STAFF
22c. PHYSICIAN'S	22d. ADDRESS
NAME (T) Dr. Harry Mattax	Camden Ave. Salisbury, Maryland
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	IETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
PEALOVAL (Specify)	o Memorial Park Salisbury, Maryland
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
OLLOWAY & COMPANY SALISBURY	MARYLAND DATE JAN 1 9 '61 Carthur & Krossa
TOTAL OF THE PRODUCT	Colinary & Ticoli

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	ral directar,	be filed with	(1
	n by the fune	nd 2 shauld b		0	1
	the ottending physician and completely filled i	Then pleose remave carbon popers. Pages 1 a	ond in any event, within 72 hours after death.	(
moy be remained by the haspital or attending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director,	page 3 should be detached far use as the burial-transit permit. Then please remaye carbon popers. Pages 1 and 2 shauld be filed with	the State Board of Health priar ta buriol, cremotion, or remayal,		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VR A1S (4) 1SM 9/S9

	1400					
1.	PLACE OF DEATH O. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived. If institution b. COUNTY	Residence before admission)	
,	b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town)	LENGTH OF STAY IN 16	1 0000	utside corporate limits, write RU DL-CH	RAL and give nearest town)	
4	DNAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION ON INSTITUTION	HOSPITAL	d. STREET ADDRESS	1096 57	e. IS RESIDEN ON A FARI YES NO	
	NAME OF DECEASED (Type or print)	Middle	ELLIOTT	4. DATE Month OF DEATH JANUS	Day Year 7R 1/26, 196	5/
5.	SEX 6. COLOR OF RACE 7. MARRIED WIDOWED		B. DATE OF BIRTH		Months Doys Hours N	HRS.
100	USUAL OCCUPATION (Give kind of work done done) during most of working life, even if retired)	D OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUN	ITRY?
13.	ANKHOWN		14. MOTHER'S MAIDEN N	IAME TO A		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC s. no. or unknown) (If yes, give wor or dates of service)	17. IN 17. IN 17. IN	nns Lucy a	ELLIETT M	MRDGLA. M.	10
	18. CAUSE OF DEATH [Enter only one couse per line for PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost. DUE TO DUE TO (c)	(o), (b), ond (c).]	lial Try	Paret, ac	INTERVAL BETWEE	
LIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON-		NOT RELATED TO THE TERMI		IN IN PART I(o) 19. WAS AUTO PERFORMEI YES NO	D?
MEDICAL CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED 20e. PL	ACE OF INJURY (Home, farm tory, street, office bldg., etc.	, 20f. (City or town)	(County) (S	Stote
	21. I certify that (I) (this haspital) attended saw the deceased alive an 1-26. 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) WILBUR R ELI	and that d	ATTENDINGME	Of to 1-2 (a) On, fram the causes and ED. STAFF RECTOR PHYS.	d an the date stated abo	ave.
230	CIRCIAL Specify JAW 29, 1961	MAR OF CEMETERY O	R CREMATORY	MAR DE LA.	20	
24.	FUNDERAL DIRECTOR'S SIGNATURE I'M IFH FUHERAL 1.66	ME SHAPF	DATE 250. REC'I	FEB 1 '61	TRAR'S SIGNATURE	

HIABURD STADRINGS # 901 and the second second

may be retained by the hospitol ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. death. Poge 4 within 24 hours ATTENDING PHYSICIAN: The low requires that the death certificate be expected TO HOSPITAL

VR A1S (4) 1SM 9/S9 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

(126)

o. COUNTY Wicomico		MARYLAI	- 1	a. STATE ME	ence (Whe		ived. If institut b. COUNTY	,	comic	
b. CITY OR TOWN (If outside carporote RURAL and give neorest tawn) Sharptow		LENGTH OF STAY IN	16	c. CITY OR TO	SWN (If au	tside carpora	salist		ive nearest t	awn)
d. NAME OF HOSPITAL (If not in hospi	reet	dress)		d. STREET AD		cord	St.		01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print) ED	First GAR	Middle SLEMONS		ELLIS	73	4. DATE OF DEATH	JAN.		Doy 1st	Year 19 61
5. SEX 6. COLOR OR R White	ACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	- 0	DATE OF BIRTH	188		. AGE (In years lost birthday) 77 yrs	Manths	YEAR IF U	NDER 24 HRS. urs Min.
100. USUAL OCCUPATION (Give kind of volume of the during most of working life, even if reaching the Retired Railroad of the Ra	etired)			-	Ar, De	lawar			USA	AT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) Unk		CIAL SECURITY NO.	Mrs	J. Edw	vin W	indso	r(Daûg	hter)Ferr	y St
Canditians, if any, which	JE TO (b) (b) (c)	perfense de NTRIBUTING TO DEATH	NOS BUT NO	Card Card Tis	te TERMIN	MAL DISEASE	lor I	Diss.	PE	AS AUTOPSY RFORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH NER) N/	_ Not while	e. PLACI	(Enter nature of E OF INJURY (H ry, street, affice N/A	lame, farm,	20f. (City o		(C	Caunty)	(State)
21. I certify that (I) (this has saw the deceased alive an 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. Geor	31 Du	the deceased from 1960 and the first way of history of	at dec	ATTENDING PHYS. 22d. ADDRE	K ME		he causes o	nd on the	/, that (date sta	l) (we) last ted abave. 22b.DATE SIGNED /1961
23g. BURIAL, CREMATION, REMOVAL (Specify) Burial Jan. 5	,1961	23c. NAME OF CEMETE Mt.Olive	-	metery		Delm	on (City, town,	Lawar	e	(State)
24. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPA	NY SAT	ADDRESS TSRIIRY MA	RYT	AND	DATE JAN	BY REGISTR		What &.	10	

THE STEER HOLDERS HELD enolyus, velenose The Beach of Processes Secretary Property Services August transport that a matter with The state of the s Dr. Hophes G. Gold Walley Dr. L. Hardele, Maryland AND REAL SERVICES OF THE PARTY TAROLION OF COURSE AND A MARCHION

TO HOSPITAL

VR A15 (4) 15M 9/59

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	1. PLACE OF DEATH	4100		2. USUAL RESIDENCE (Where de	ceased lived. If institution: Res	idence before admission)
	o. COUNTY	4 00 1 0 6	MARYLAND	O. STATE DE AWA	b. COUNTY <	ussex V
		utside corporate limits, write	c. LENGTH OF STAY IN 16		corporate limits, write RURAL of	V
	RURAL ond give neare	est town)	of days	1	+vreL	4.1 4 3
	d. NAME OF HOSPITAL	(If not in haspital, give stre	et address)	d. STREET ADDRESS	FURCE	e. IS RESIDENCE
)	OR INSTITUTION	11 2001 11			West St	ON A FARM? YES NO TO
~			DSPITAL			
	3. NAME OF DECEASED	First	Middle	0	F	100
	(Type or print)	KOBERT		B. DATE OF BIRTH	9. AGE (In years IF UN	IDER 1 YEAR IF UNDER 24 HRS.
	5. SEX 6		ARRIED NEVER MARRIED	D. DAJE OF BIKIH	last birthdoy) Mon	
			WED DIVORCED	HU9 13, 18/1	8 8 yrs.	CITIZEN OF WHAT COUNTRY
	10a. USUAL OCCUPATION during most af warking	(Give kind of work done 16 g life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or for	eign country)	.CITIZEN OF WHAT COUNTRY?
	FARMER		OWN FARM	MARYLA	Na	USA
	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	YOHN E	ROMAN		SARAH	BAMBERGER	
	15. WAS DECEASED EVER IN	N U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	, ,	~ /
	No		221-07-0124 1	ELLA E. WINdoe	R. LAUREI.	Del.
4	18. CAUSE OF DEATH	[Enter anly ane cause per	r line far (o), (b), and (c).]	1		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH	WAS CAUSED BY:	Wocardial &	failure		ONSET AND BEATT
	42	DUE TO	- //	1. 0	,	
	Conditions, if ony,	which) (b) a	nteneascline	tu heart de	cease	
	gove rise to imm	DIJE TO				
	couse (o), stating the lying couse lost.	under-	ALL STREET			
	PART II. OTHER	SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED?
	1 Worts	nexaller	un tate tan	4		YES NO
	PART II. OTHER 200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY MI	UNDERLYING 206 /	ESCRIBE HOW INJURY OCCURR	6. (Enter noture of injury in Part I	or Port II of item 18.)	
3	OR CONTRIBUTING (IF EITHER, NOTIFY ME	EDICAL EXAMINER)	/			
	3 20c. TIME OF INJURY	Month, Doy, Year 20c		ACE OF INJURY (Home, form, 20)	F. (City or town)	(County) (Stote)
ч	20c. TIME OF INJURY Hour o. m. p. m.	19 Wh	ile Nat while forwark of ot work	actory, street, office bldg., etc.)		
H				1/6 196/	· May 13	19.6. [, that (1) (we) last
3.		(10 1	ended the deceased from	~ 10/	//	
	saw the deceased	dive on the	2 1707, and that	death occurred at 2.4.4.	from the couses and an	the date stated above. 22b.DATE
	1 m	en In a	Cha	M.D. ATTENDING MED. DIRECTO	OR PHYS.	1/KITCHED
	22c. PHYSICIAN'S	Vill 111 -11	000	22d. ADDRESS)K [] FIII3. []	111101
	NAME (Type)					
	22- BURIAL CREMATION	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 224	LOCATION (City, town, ar cou	nty) (State)
	23a. BURIAL, CREMATION, REMOVAL (Specify)	i LE	6- 0 11	CO 14	1040-17	20/0
	24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	25a. REC'D BY	REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	T // DIRECTOR'S	SIGNATURE /	AUUKESS		- 104	2 /4
	V. MARIEY	WILLIAMSON	1. I-ENERALSA	URY MO DATE JAN 1	9'61 arthur	S. Thomas

** ANTONIA TO SERVICE SERVICE 5 5 Jan 20 (07 Figure And Anter Change I A Tabana Miller Committee FARMER TRIBUNERER MARKYLAND LOS Tohn Examed SARAL BRIEFERSCA STOPPORT FILTE E. WHOME LANGER DET was the surprise of the second of the second Landard M. Allen Control of the Cont Flyen 1/13/65 top sellen son hersel Dela

s necessary, /director. Page or your files. oard of Health, Board 0 retained ould be executed within 24 hours after death. If eny or, in pencil in Item 18, Give Pages 1, 2, end 3 to the funer Office elong with form PM3. Page 5 may be retained burial-transit permit permit pages 1 end 2 with the State burial-transit permit within 72 hours after death. "pending" EDICAL

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give naarest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM 206 Glen Ave. Pen Gen Hospital YES NO PA NAME OF Middle DATE Dey Month DECEASED EVANS 8th 1961 BEATRICE ELEANOR (Typa or print) DEATH January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Strbirthdey) Female WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) S None Somerset Co. Maryland House Work at 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cordela McAllen William J. Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT L.Pusey Jrddr (Nephew) 3233 Richmond 21, Virginia (Yes, no, or unkown) | (Ifyasgivawarordatasofservice) r.Lawrence Ave. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO Conditions, if eny, (b) gava rise to immadiate cause lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's PUNERAL DIRECTOR: Page 3 should be used as a rits designated agent, prior to burial, cremation, or rer DUF TO (a), stating the undarlying causa last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? X NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection A Inquiry death resulted from: Natural causes Accident 1 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S Camden Ave. Sallsbury, Md January NAME (Type) 407 Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Manokin Presbyterian Church Cem. Princess Anne, Md. 11,1961 ŏ Burial

ADDRESS

SALISBURY

MARYLAND

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

arthur & Kraus

DATE JAN 1 3 '61

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23. FUNERAL DIRECTOR

HOLLOWAY & COMPANY

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MARYLAND STATE DEPARTMENT OF HEALTH 1287 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1.	1	1	1	1

1	1. PLACE OF DEATH o. COUNTY	Vicomica	MARYLAND	2. USUAL RESID	DENCE (Where decease Maryland	sed lived. If institut b. COUNTY		pefore admission)
5	b. CITY OR TOWN (I RURAL ond give no	f outside corporate limits, write grest town)	c. LENGTH OF STAY IN 16	A. CITY OR T	OWN (If outside corp Salisbur		RURAL ond give	nearest town)
d	d. NAME OF HOSPIT OR INSTITUTION PENINSU	AL (If not in hospital, give stre	HOSpital	d. STREET A		scilla	St	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	BERTHA	Middle LEE	FARIO	OF	0.	ucrey	3 196/
	5. SEX	4 4	RRIED NEVER MARRIED DIVORCED DIVORCED	May 2,		9. AGE (In years lost birthdoy) 70 yrs.	Months Do	EAR IF UNDER 24 HRS. ys Hours Min.
F	10a. USUAL OCCUPATION during most of work letired Em	ON (Give kind of work done 10 ing life, even if setired) ployee (Phill	ips Cleaners	1 11	ACE (State or foreign Powelly			OF WHAT COUNTRY?
	13. FATHER'S NAME		ASI FILLENDS		MAIDEN NAME			
	John Hol			the state of the s	gia A.Pa			
		R IN U. S. ARMED FORCES? 1 (If yes, give war or dales of service)	6. SOCIAL SECURITY NO.	Willia Sal	m E.Farl isbury, M	ow(Son)	430 Pr	iscilla S
		TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Valoneer	y Has	onlo	se.	C	ONSE AND DEATH
	Conditions, if or gove rise to it couse (o), stoting lying couse lost.	ny, which (b)						-
	CATIC	previous 6	SCONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEA	ASE CONDITION GI	VEN IN PART 1(PERFORMED? YES NO
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) 20b. D	ESCRIBE HOW INJURY OCOURR	ED. (Enter noture o	f injury in Port I or P	ort II of item 18.)		
	20c. TIME OF INJUR Hour o. m. p. m.	NI / A 10 Whi		LACE OF INJURY (potory, street, office		N/A	(Cour	nty) (Stote)
	say the deceas	Via	nded the deceased fram		/	7		that (i) (we) last ate stated above.
1	226. SIGNATURE	m Beaua	1603	M.D. ATTENDIN	DIRECTOR	STAFF PHYS.	Jan. 3	,1961 SIGNED
V	PHYSICIAN'S NAME (Type)	.Earl M.Bear	dsley	Mary	land Ave	. Salis	bury, M	aryland
	23a. BURIAL, CREMATIO REMOVAL (Specify) Burial		23c. NAME OF CEMETERY Charity			ATION (City, town, # Sali		(Stote) Maryland
1	24. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		250. REC'D BY REGI		ISTRAR'S SIGNA	
)	HOLLOWAY	& COMPANY S	SALISBURY MAR	RYLAND	DATEJAN 5	61 C	Thun S. Kr	ALL CONTRACTOR OF THE PARTY OF

TO HOSPITAL VR A15 (4) 15M 9/59

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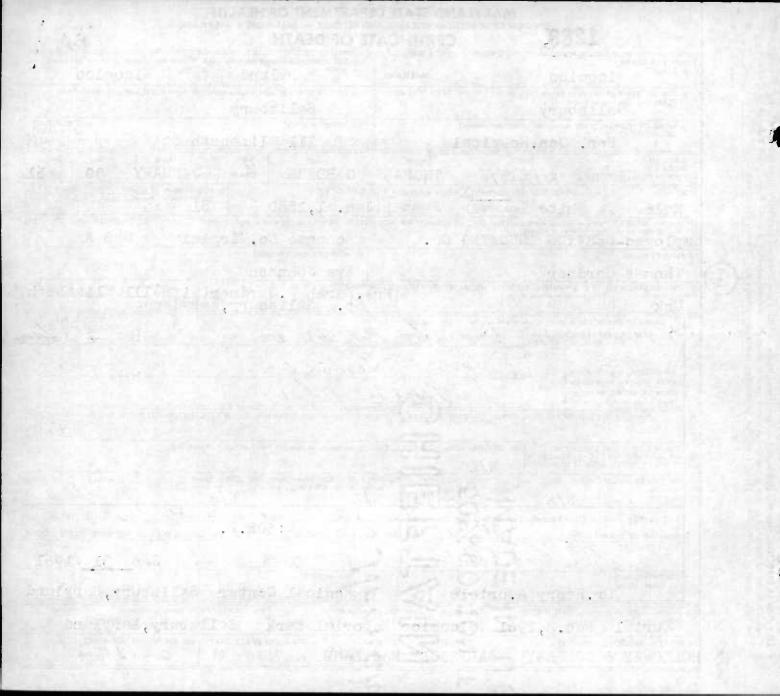
ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours

VR A15 (4) 1SM 9/S9

death. Poge 4

MARYLAND STATE DEPARTMENT OF HEALTH 288 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

T+.	m 3 PilmG280	2667 0+		
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary]	ere deceased lived. If institution: and b. COUNTY V	Residence before admission) Vicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Salisbury	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	utside corporote limits, write RURA	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Pen. Gen. Hosp		d. STREET ADDRESS	Clizabeth St	e. IS RESIDENCE ON A FARM? YES NO IX
3. NAME OF DECEASED (Type or print) Werner 2/NATIVE	Middle THOMAS	GARDNER	4. DATE Month OF JANUAL	Day Year
7111111	RIED NEVER MARRIED	B. DATE OF BIRTH Jan. 1.1880	9. AGE (In years IF lost birthdoy)	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
100. USUAL OCCUPATION (Give kind of wark dane 10b. during most of working life, even if retired) Employee—SERVICE TRUCK	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Thomas Gardner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	COCIAL SECURITY NO. 117 II	Eva Johns		
(Yes, no, or unknown) Unk (If yes, give wor or dates of service)	SOCIAL SECURITY NO. MY	St. Salis	ardner(Wife)"	lll Elizabeth
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	pe for (o), (b), and (c))	mumo.	nid	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which	Moric 2	Linosis		yrs
couse (a), stoting the under- lying couse lost.	holypat	ulter		./
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	nal disease condition given	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in f	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. N/A 19 While of war	Not while fa	ACE OF INJURY (Home, farm actory, street, affice bldg., etc.	20f. (City or town) N/A	(County) (State
21. I certify that (I) (this haspital) attends saw the deceased alife an		1127	M. from the causes and	. 19/2/, that (I) (we) last an the date stated abave.
22a. SIGNATURE HABRUE	le	ATTENDING 37 ME	D STAFE	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. Henry A. Br	iele	22d. ADDRESS Medical C	Center Salis	oury,Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF Feb. 2, 1961	23c. NAME OF CEMETERY CONTROL ME		23d. LOCATION (City, town, or constant)	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE
HOLLOWAY & COMPANY S	ALISBURY MAL	RYTAND DATE F	EB 2 '61 Out	hur S. Fernes



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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ATTEN	TOR: detac	
Ì	may be retained by the hospital ar attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filler page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
TAL	RAL Shoul	
HOSP	UNE	- 1
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours for death. Page 4	may be retained by the hospital ar attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral director, and a should be detached far use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.	-
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ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours er death. Page 4

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1. PLACE OF DEATH o. COUNTY Wice	omico		MA	RYLAND 2	usual RESIDER		nere decease		institution OUNTY		efore adm	
b. CITY OR TOWN (If out: RURAL ond give pearest Mar	ide corporate lim	its, write	App: 53	YIN 1b	c, CITY OR TO	WN (If a		orote limits, Sali			nearest to	wn)
d. NAME OF HOSPITAL (I OR INSTITUTION Map	not in hospital, Le Shad	give street e Nu	rsing Ho	ome	d. STREET ADD		E.Chu	ırch	St		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fi	INIA	Mide	ile 3.	GORDY		4. DATE OF DEATH	ı JA	Month NUA1		Doy L4th	Year 19 6:
	olor or race White	7. MARR	ED NEVER MAR		an.30,	1872	2	9. AGE (III		Months De		
10a. USUAL OCCUPATION (Conducting most of working lands working lands)	ive kind of work ife, even if refired K -Ret1	done 10b.	KIND OF BUSINESS None	OR INDUSTRY	Worce		_		land	12. CITIZEN	S A	r COUNTR'
3. FATHER'S NAME				1	14. MOTHER'S M	AIDEN N	NAME					3.5
/ Lemuel Eva	ans				Heste	r H:	ickma	an				
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes,	U. S. ARMED FOI give war or dates of		SOCIAL SECURITY N	Mrs B	Edna erlin,	Bri:	tting rylar	rham id	Addre	ss		
Conditions, if only, gove rise to imme	/AS CAUSED BY: NEDIATE CAUSE (c DUE TO which (l)	0) (1)	esparely	on D	irus	-J.	neu	mote.	ks.	,	ONSET AN	BETWEEN NO DEATH
CATIC	IGNIFICANT COM	c)	CONTRIBUTING TO E							N IN PART 1(d	PER	S AUTOPS FORMED?
200. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEATH		A CRIBE HOW INJURY	OCCURRED. (Enter nature of i	njury in	Part I or Pa	irt II of item	18.)			
Y 20c. TIME OF INJURY A Hour o. m. p. m.	N/A 19	While of wor	NJURY OCCURRED Not while k ot work	20e. PLACE foctor	OF INJURY (Ho y, street office b	ome, farm oldg., etc	n, 20f. (Ci	ty or town)	/A	(Cour	nty)	(Stot
21. I certify that (I) saw the deceased	1	H attend	//	/	th accurred	:-10%	M, from	the cau	ses and	, 19 <u>6/_</u> , I an the d		
22a. SIGNATURE	Kuhk	aa	w	M.E		L DI	ED.	STAFF PHYS.		Jan. /	16	22b. DATE /196.
22c. PHYSICIAN'S NAME (Type)	H.S.Kuh	lman			Sharp		n, Ma	ryla	nd			
REMOVAL (Specify)	Jan. 16,	of 1.961	23c. NAME OF CE		REMATORY METERY			ATION (City		County)		tote)
24. FUNERAL DIRECTOR'S SIG			ADDRESS				D BY REGIS	STRAR 25	b. REGIS	TRAR'S SIGNA	ATURE	
#OLLOWAY &	COMPAN	Y S	ALISBURY	MARY	LAND	DATE JA	N 18'	61	ani	mor S. 10	roald	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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(1275)

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1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Marvl:	ere deceased lived. If institution: Residen	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	utside carporate limits, write RURAL and	COM1CO give nearest town)
Salisbury d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Pen Gen Hospi	tal	X Delma d. STREET ADDRESS R.D.#	r (Rural)	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) HENRY	Middle JACKSON	GULLY	4. DATE Month OF DEATH JANUARY	Day Year 25th 1961
5. SEX 6. COLOR OR RACE 7. MAR White WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH June 28, 18	last birthday) Manths	Doys Hours Min.
	. KIND OF BUSINESS OR INDI	Miss.	U	S A
3. FATHER'S NAME Unk		14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) (If yes, give war ar doles of service) Unk	SOCIAL SECURITY NO. MY	s. Dorothy B Delmar	Gully(Wife)R.D.	1#3
1B. CAUSE OF DEATH [Enter only one cause per leading to the course per leading to the cause (a). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, if only, which gave rise to immediate cause (a), stating the under-	etatatie Ca 3 unelugui	e Caremone	Nedeastein,	INTERVAL BETWEEN ONSET AND DEATH 2 U) Deac
lying cause last. (c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	scribe how injury occurr $/\mathrm{A}$	ED. (Enter nature of injury in f	Part I ar Part II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. Haur a.m. N/A 19 While at we	Nat while fr	LACE OF INJURY (Hame, farm actory, street, affice bldg., etc.		Caunty) (Stat
21. I certify that (1) (this haspital) attentions the deceased alive on 25 feet	ded the deceased fram.		M, from the causes and an the	e date stated above
220. SIGNATURE Depl C. T. & ge 22c. PHYSICIAN'S	Jen	M.D. ATTENDING ME PHYS. DII	ED. STAFF Jan.	27 /1961
NAME (TypeDr. Joseph Fit	zgerald	Salisbur	y, Maryland	
	23c. NAME OF CEMETERY OF	Mem.Park	23d. LOCATION (City, town, or county) Salisbury, Mary]	(State)
24. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY S	ADDRESS ATJEBURY MAR	YT AND DATE	JAN 3 1 '61 Cart	GNATURE

figures in the second - Control of the cont Level of the state infill part (Taron 1 in L | 2013 and on the other 177 and TO A STREET OF THE PROPERTY OF

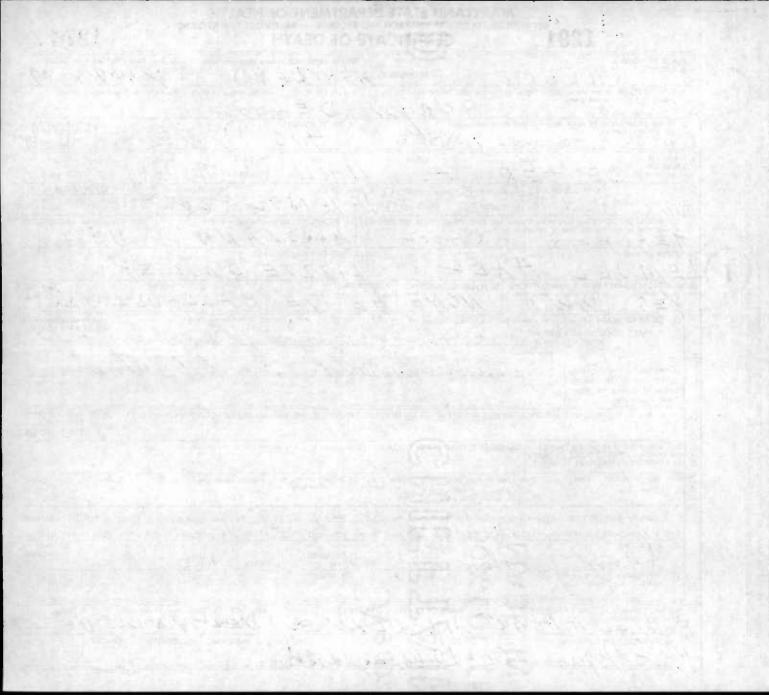
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1291

6.1276

- b	
	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY c. STATE
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	A NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	POR INSTITUTION A GENERAL HOSPITAL 410 PINE ON A FARM? YES NO E
	3. NAME OF DECEASED (Type or print) LESTER A. HALL OF DEATH JANUARY 11, 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH MALE WIDOWED DIVORCED 9. AGE (In years left wider) 1 - 16 - 1892 9. AGE (In years left wid
	10a. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. CITIZEN OF WHAT COUNTRY 14. CHEROLOGY 15. CITIZEN OF WHAT COUNTRY 16. CHEROLOGY 17. CITIZEN OF WHAT COUNTRY 18. CHEROLOGY 19. CITIZEN OF WHAT COUNTRY 19. CITIZEN OF WH
	LEMUEL HALL LIZZIE BAILEY
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Ves. no. or unknown) (If yes, give wor or dates of service) NONE HETTLE HALL-DELMAR
	18. CAUSE OF DEATH [Enter only one couse per line for (9), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ONSET AND DEATH S. CAPANIC ONSET AND DEATH S. CAPANIC
	Conditions, if any, which) (harning Branchetter of Branches) Costones
	gove rise to immediate couse (a), stating the <u>under</u> DUE TO
	Iying couse last. (c)
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 20d. INJURY OCCURRED foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote foctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram familiary 1955, to passes II, 1961, that (I) (we) las
	saw the deceased alive an Aug 11 1961, and that death accurred at 27MM, from the causes and an the date stated abave 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type)
	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1-1460 MT-02/VE 23d. LOCATION (City, town, or county) (Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE DATE ON 1 6 161
t	The state of the s

VR A15 (4) 1SM 9/59



r death. Page 4

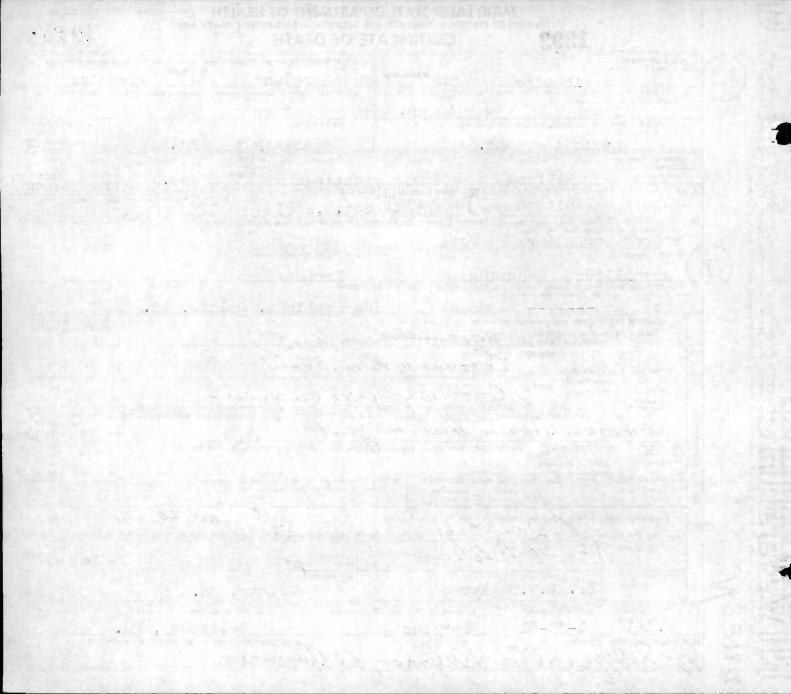
VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1292

61277

1		PLACE OF DEATH			MAR	YLAND		SUAL RESIDENCE (-	sed lived. If institu	Υ			sian)	
a j	,	L CITY OF TOWN (IF	Wicomic autside carporate limit		c. LENGTH OF STAY			CITY OR TOWN (comi		-1	
		RURAL and give ne	arest tawn)	.,	1.0	1 -	V			porare ilmiis, write	KUKAL GIIG	give nec	iresi ruw	")	
-	<u> </u>	De In		ive street	40 yr	S	1	De 1:	11000	-			46 BE	SIDENCE	
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					1						ONA	A FARM?	
		Chestnut Stt.					1		stnut				YES [NO [3]	
		NAME OF DECEASED	Firs		Middle			Last	Lost 4. DATE OF		onth	Da	у	Year	
		(Type or print) Ellison			Rue			stings	DEAT	Jan		28		1967	
	S. S		7477-44-		NEVER MARRI		B. DAT	TE OF BIRTH		9. AGE (In year last birthday)	Manths Manths	R 1 YEAR Days	Haurs	ER 24 HRS Min.	
		Male		WIDOWI				t.5,188		77 yr		04/.	ridors	,,,,,,	
	10a	 USUAL OCCUPATIO during mast af warki 	N (Give kind af wark d ng life, even if retired)	lane 10b.	KIND OF BUSINESS C	OR INDUS	STRY 1	11. BIRTHPLACE (Sto	ate or fareign	country)	12. CI	TIZEN OF	WHAT	COUNTRY	
_	_		arpenter		Wood			Maryla	and			US	A		
-	13	FATHER'S NAME					14.	MOTHER'S MAIDEN	NAME						
1		Archill	ius Ha	asti	ngs			Martha	Rue						
_		WAS DECEASED EVER	IN U. S. ARMED FORG		SOCIAL SECURITY NO). 17, IN	NFORM	ANT		Ad	dress				
		No			None		[da	Hasting	gs. D	elmar.	Md.				
		18. CAUSE OF DEAT	H [Enter anly one car	use per li	ne far (a), (b), and (c).		7						RVAL BE		
			H WAS CAUSED BY:	M	lyocard	ial	- 1	infaras	1			ONS	ET AND	DEATH	
		420.	DUE TO			-	10		1						
		Canditians, if an	y, which) (b)	Li	Hours	y ye	uc	rulose	-						
		gave rise to im	mediate (1						4					
		lying cause last.													
	Z	PART II. OTH	ER SIGNIFICANT CONE	DITIONS (CONTRIBUTING TO BE	ATH BUT	NOT F	RELATED TO THE TER	MINAL DISEA	ASE CONDITION G	IVEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY	
4)	CERTIFICATION	100	roschto	ai	s gener	ali	3	rd					PERFORMED?		
9	ERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	1 CAUSE OF DEATH I	20b. DES	CRIBE HOW INJURY O	CCURRIG	D. (Ent	er nature af injury i	in Part I ar P	art II of item 18.)					
				1											
	MEDICAL	20c. TIME OF INJURY Haur a.m.		While	NJURY OCCURRED Nat while	fac	tary, s	F INJURY (Hame, fa treet, affice bldg., a	etc.)	ity ar tawn)		(Caunty)		(State	
	W	p. m.	19	at war	k at wark					1		,			
		21. I certify that	(1) (this hospital)	attend					1950 10	Jan 2					
		saw the decease	ed alive an	and s	196/, ond	that d	leath	occurred at2	M, from	h the causes o	nd an th	e date	stoted	above.	
		22a. SIGNATURE	1150	the	44_			ATTENDING .	MED.	_ STAFF		,	22	SIGNED	
		20 211/4151414	()			- 1	M.D.	PHYS.	DIRECTOR [PHYS.		1-3	0-		
		22c. PHYSICIAN'S NAME (Type)	Dr. L.V.	Soh	lon		1	22d. ADDRESS	. 7	25.2					
			рт. п. ч.	DOTI	Ter.			De	elmar	, Ma.					
	23a.	BURIAL, CREMATION	, 23b. DATE THEREO	F	23c. NAME OF CEM	ETERY O	R CRE	MATORY		ATION (City, tawn		4	(Stat	le)	
4		Burial	1-30-61		Parsons	3			S	alisbur	v, Mc				
	24/	FUNERAL DIRECTORIS	SIGNATURE	10	ADDRESS			2Sa. RE	C'D BY REGI	STRAR 2Sb. REC	SISTRAR'S S	IGNATU	RE		
	X	11-814	Janel	0-	XUllm	co	, K	DATE .	JAN 31	'61 C	lathua s	4			



e. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

acret

PERFORMED? YES NO

(State)

22b. DATE

SIGNED

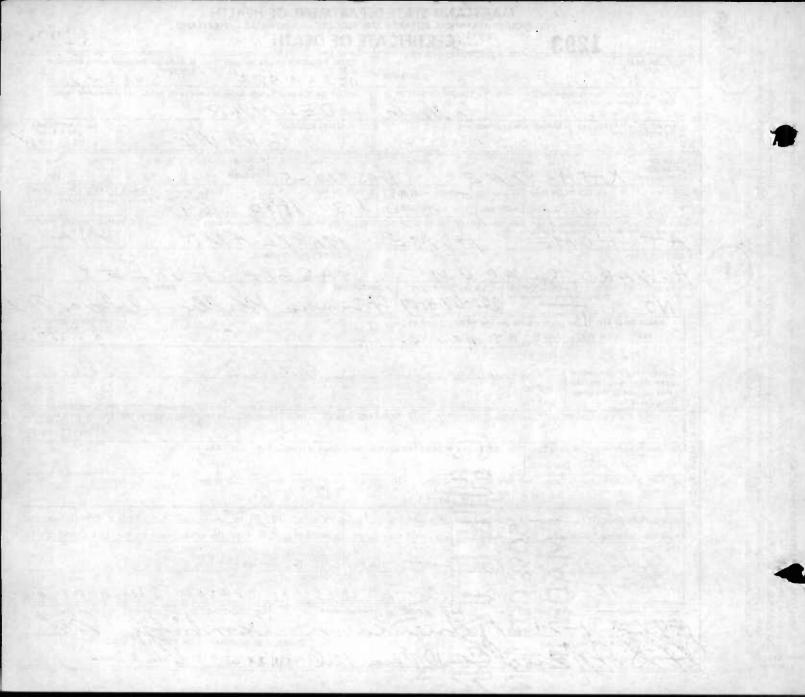
Days

(County)

ON A FARM? YES NO

Year

196



1294

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

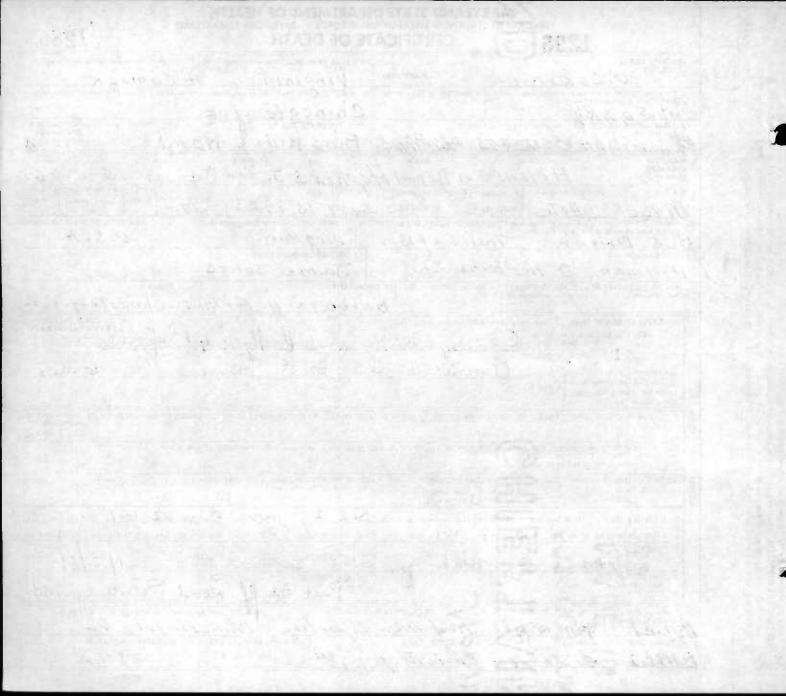
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J. PL	ACE OF DEATH	6 6		2.	USUAL RESIDENCE (WH	here deceased			before admi	ssion)
0.	COUNTY W	ICOMICO	MARYLAN	ND	O. STATE MAR	YLA	VD b. COUNTY	DORC	HES	TER
	CITY OR TOWN (RURAL ond give n	If outside corporate limits, w	rite c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If	20	rote limits, write R	URAL ond giv	re nearest tov	vn)
		SBURY	8 MONTHS		CAM	BRI	DGE	(191	5 - 6
d.	NAME OF HOSPI	AL (If not in hospital, give s	treet oddress)		d. STREET ADDRESS			Contract	e. IS RE	SIDENCE A FARM?
	OR INSTITUTION	DEER'S HEI	ADSTATE HOS	P.	6 MEA	DOW	AVE.			No M
DE	AME OF CEASED (pe or print)	ETT/A	MARY	1	ENRY	4. DATE OF DEATH	JAN.		Day 6	Year 1961
5. SE)	X	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	К В. С	ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UND	
	1	1111: " 7 :- 1	DOWED DIVORCED		2/20/1864		96 yrs.	Months D	loys Hours	Min.
10a. L	USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZI	EN OF WHAT	COUNTRY
	HOUSEWIFE		HOUSEWIFE		MARYLA	ND		2.7	U.S.A.	
	THER'S NAME			1	4. MOTHER'S MAIDEN	NAME				3 1 1
E	DWARD HE	VRY			UNKNOW	M				
5. W	AS DECEASED EVE	R IN U. S. ARMED FORCES		17, INFO	RMANT		Add	ress		
(Yes, n	NO NO	(If yes, give war or dates of service		MD	JOHN CLARK	ת יו כו	// 7 0000	DIROGE	MADIE	
Tu			per line for (o), (b), and (c).	THE P	UNIN CLARK	R.F.D.	# 1, GAM	BRIDGE	INTERVAL	LAND.
- 1"		TH WAS CAUSED BY:	CARDIA	10	FAILUA	DE			ONSET AN	D DEATH
	400	IMMEDIATE CAUSE (o)	CHRUIN		THEUR	75			30	9
	100	DUE TO	ARTERIOSI	n/ E	PATIN CAP	2.5.11	Acella	Phie	Year	-
	Conditions, if a		111/17/1021	×45-1	COLLE CITY	giv	7364477	A.Dis.	5602	-0
couse (o), stoting the under DUE TO APTEDIOCILE PACIC CHARRY								2		
_ -	, (c)									
FICATION	PART II. OT	HER SIGNIFICANT CONDITION	ONS <u>CONTRIBUTING TO DEATH</u>	BUTNO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	PERF YES	ORMED?
CERT!	OR CONTRIBUTING	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCU	URRED. (I	Enter noture of injury in	Port I or Por	t II of item 1B.)			
WEDICAL 20	Oc. TIME OF INJUI Hour o. m.		While Not while		OF INJURY (Home, form r, street, office bldg., etc		or town)	(Co	ounty)	(Stote
2	p. m.	17	t work ot work	-	17	1.0	1 1			
2	1. I certify the	ot (I) (this hospital) at	ttended the deceased fro	om7.	19	60, to_	1.6	196/	_, that (!)	(we) los
S	ow the deceo	sed alive on 1.6	19 <u>6</u> 1, and th	at dea	th occurred of	M, from	the couses on	d on the	dote stote	d obove
2	20. SIGNATURE	11 1,000	. 0		ATTENDING M	LED.	STAFF		2	26. DATE SIGNE
_		V. fueru	cocc	M.D	. PHYS. Di	IRECTOR	PHYS.			
2	Page PHYSICIAN'S NAME (Type)	Q			22d. ADDRESS					
	BURIAL, CREMATIC		23c. NAME OF CEMETE	RY OR C	REMATORY	23d. LOCA	TION (City, town,	or county)	(St	ote)
	REMOVAL (Specify	70/0/70/7	-Story			C	MRRIDGE	MADVY	A NID	TUE
	JRIAL JNERAL DIRECTOR	'S SIGNATURE	DONCHESTER	NEW !	IORIAL PARK	D BY REGIST	RAR 25b, REGI	STRAR'S SIGN	NATURE	
LF			TOP CAMPATACE	354	VT AND DATE JA			thun & 1		
7,1	OUNTIE	FUNERAL SERV.	ICE, CAMBRIDGE,	MAE	YLAND DATE DA		- 4	~ A. I	cratter	

TO HOSPITAL VR A15 (4) 15M 9/59 AND THE WASHINGTON THE RESERVE OF THE PROPERTY OF

4 hours er deoth. Poge 4	ed in by , he funeral director,	1 and 2 shauld be filed with	(0		
the death certificate be executed within	the ottending physicion ond completely fill	Then please remove carbon papers. Pages	ind in ony event, within 22 hours after death	(I	
TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours er death. Page 4	moy be retained by the hospitol or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by se funeral director,	poge 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	the State Board of Health prior to buriol, cremation, or removal, and in any event, within-22 hours after death.	0	
A TO HOSPITA	TO FUNERAL	poge 3 sho	the Stote Bo		
15	M 9/5	9			

1600						0-200
a. COUNTY	.0.0	MARYLAND	2. USUAL RESIDENCE (Who	b.,	COUNTY	
b_CITY OR TOWN (If outside carporal	te limits write c LEN	NGTH OF STAY IN 16	c. CITY OF OWN (IF or		CCOMa	
QURAL and give neorest town	e mins, wine c. ggi	TOTAL OF STATE IN TO	21: +	a q ve	s, wille KOKAL Ollo g	83× -
d NAME OF HOSPITAL (If not in hosp OR INSTITUTION	ital, give street oddress	111 -	d. STREET ADDRESS	1	,	e. IS RESIDENCE" ON A FARM?
PENINSULA GE	neral 1	4SPITAL	Pine Rid	ge Ro	ad	YES NO
3. NAME OF DECEASED (Type or print)	illman	Daniel H	LOPKINS JI	DEATH Ja	Month . nuary /	2, 19 6 /
S. SEX 6. COLOR OR F	2	NEVER MARRIED	B, DATE OF BIRTH		rthdoy) Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of	WIDOWED Wark done 10b KIND C	DIVORCED [SEPT. 13, 19		7 yrs. 12.CITI	ZEN OF WHAT COUNTRY
BUS Driver	retired)	way Bus	Ving Inio			.S. A.
13. FATHER'S NAME			14. MOTHERS MAIDEN N	AME		
Hillman D.	Hopkins	Sh.	Janie .	Jones		
15. WAS DECEASED EVER IN U. S. ARMEI	FORCES? 16. SOCIAL		NFORMANT		Address	
		B	arbara A	. Hopkin	5-Chinc	steague, Va
1B. CAUSE OF DEATH [Enter only of		o), (b), and (c).]	. 10	144 1	.00	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED IMMEDIATE CAU	USE (a) Corona	icy Occlu	sion with	Myocordic	Inforct	ou
7 2000	UE TO	1	. 16 +	7		
Canditions, if ony, which gove rise to immediate	(b) Uzter	105 Clero	ie bean	Discore	_	6 mos.
couse (a), stoting the under-	UE TO					
7	(c)	BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PART	T 1(o) 19. WAS AUTOPSY
CATIC	and the same					PERFORMED? YES NO NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI	20b. DESCRIBE H	IOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Port II of ite	m 1B.)	
		OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City or town)	(0	County) (State
20c. TIME OF INJURY Manth, Day Hour a. m. p. m.		fot while for	ctory, street, office bldg., etc.)		
21. 1 certify that (I) (this has	pital) attended th	e deceased fram	Dec 27 19	60 to Jan	L 12 196	L, that (I) (we) las
saw the deceased alive an			75	7		date stated above
22a. SIGNATURE	C. Hi	010	ATTENDING	D. STAFF	_ /	12/61 SIGNER
22c. PHYSICIAN'S NAME (Type)		0	Pint Bl	all Roa	d Solis	bury, Md
23a. BURIAL, CREMATION, 23b. DATE T	HEREOF 23c.	NAME OF CEMETERY C	R CREMATORY	231. LOCATION (Cit	y, town, or county)	(Stote)
BUFIA (Specify) Jan. 1	5,1961 A	red men	Cemetery	Chinco	Teague,	va.
24. FUNERAL DIRECTOR'S SIGNATURE	2 A	DDRESS	250. REC'I	BY REGISTRAR	Sb. REGISTRAR'S SIC	SNATURE
William B. S.	elyer Co	hinestery.	ce , Car DATE St	N 1 9 '61	anihun 8.	Kraus



TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1296

(1281

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
5)	o. COUNTY 100m 100 MARYLAND	6. COUNTY WICOMICO
2	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO} \)
	3. NAME OF DECEASED (Type or print) Lauva First First	R Lost 4. DATE Month Day Yeor OF DEATH Jan, 17 196/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 1 - 2 - 8 3 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS left UNDER 24 HRS lef
	10a. USUAL OCCUPATION (Give kind of work done obving most of working life even if retired) Own tome	Maxxland US.
)	Beechman Harrington	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	OX HOYSMEN BIVE/VE M.
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRIOSCELER	cotic teast. Disease. 10 years
	DUE TO	
	Conditions, if any, which gove rise to immediate (b)	
	cause (a), stating the under-	
	lying cause lost. (c)	TAIGNATING TO THE TRANSPORT OF COMPUTED LONGS IN A RATE OF
	3 Diphetes Mellitus. FRA	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [
O	206. ACCIDENT WAS UNDERLYING DOBOTO COURRED OR CONTRIBUTING DOCAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	ED. (Enter noture of injury in Port I or Part II of item 1B.)
		+ FRACTURED DIP.
		LACE OF INJURY (Home, form, 20f. (City or town) (County) (State bldg., etc.)
	21. 1 certify that (I) (this haspital) attended the deceased fram.	12 Dec., 1860 to 17 Dec, 1961, that (1) (we) las
	saw the deceased alive an 17 Dic 1961 and that	death accurred and PM, from the causes and an the date stated above
	220. SIGNATURE	ATTENDING MED. STAFF SIGNED STAFF SIGNED
	NAME (TYPE) NAME (TYPE) NAME (TYPE) NAME (TYPE)	D. WANTCOKE Md
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	24. FUNDERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	L. J. W/essub, 15/12/02).	DATE DATE DATE DATE OF THE S KNOWN

CONTRACTOR OF THE PERSON. 1297

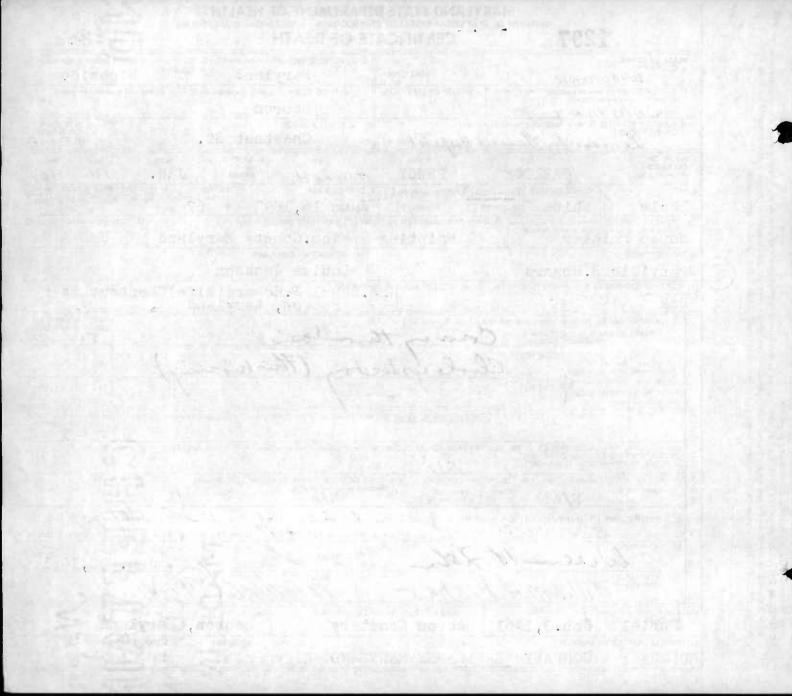
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

•	C	E	RT	IF	IC	1	TE	0	F	D	E	4	ΓH

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10	1. PLACE OF DEATH o. COUNTY	omico.		MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Wicomico								
-	b. CITY OR TOWN (If RURAL and give ne	outside corporate limarest town)	ts, write	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hebron							
To the same of the	d. NAME OF HOSPITA	d. NAME OF HQSPITAL (If not in hospital, give street address)				d. STREET ADDRESS Chestnut St. 6. IS RESIDENC ON A FARM YES NO							
	3. NAME OF DECEASED (Type or print)	CARLT	Middle PERCY	HOWAR		OF DEATH	• 0	Day 3 0	Year 1961				
	s. sex	6. COLOR OR RACE	MARK WIDOW	RIED NEVER MARRIED DIVORCED			1 10	GE (In years ast birthdoy) 67 yrs.	Months Do	YEAR IF UNI	7		
	10a. USUAL OCCUPATION House Par	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR IN Paintin	IDUSTRY 11. BIRTHPI	ACE (State or				U S			
	13. FATHER'S NAME			14. MOTHER'S	MAIDEN NA	ME							
1	Granville	R. Howard			Loui	sa Ja	ckson						
1	1S. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.	rs Hazel Heb	F.Ho	ward(V Maryla	Vife) c	hestn	ut St	;		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c)(ne for (o), (b), and (c).]	throul	جنده)			ONSET AN	D DEATH,		
	Conditions, if or gove rise to it	ny, which) (b) (holi god	ecty	(The	hys	ming/					
	lying couse lost.					1230							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORM YES OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR												
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU N/A	RRED. (Enter nature o	f injury in Po	rt I or Part II a	f item 18.)					
	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Ye	or 20d. I While at wor	Not while	PLACE OF INJURY (foctory, street, office N/A		20f. (City or t	own) N/A	(Cou	enty)	(State)		
		21. I certify that (I) (this haspital) attended the deceased fram. 1-23 1961, to 1'30, that (I) (we) last											
	22a. SIGNATURE	liee I	-18	25h	M.D. PHYS.	G MED		7.4.55	Jan.		2b. DATE SIGNED		
	22c. PHYSICIAN'S NAME (Type)	Willium	4.1	Fisher	22d. ADDR		well	Cen	Ker	/			
	23a. BURIAL, CREMATIO	Fab. 3, 1		23c. NAME OF CEMETER Hebron Ce		2	3d. LOCATION	(City, town, o		.d. (Ste	ate)		
	24. FUNERAL DIRECTOR	SIGNATURE		ADDRESS		25a. REC'D	BY REGISTRAR	25b. REGIS	TRAR'S SIGN	ATURE			
	HOLLOWAY &	& COMPANY	SI	ALTSBURY MA	RYLAND	DATE EET	2 161	0	Ilun 8 9	Course			

TO HOSPITAL VR A1S (4) 1SM 9/59



FOR STATE HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dates necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to busial, gremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11980

. 1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before edmission)						
		a. STATE b. COUNTY							
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerss town) c. LENGTH OF STAY IN 1b	Maryland Wic C C. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)						
		/2 calishum							
12	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	1 . IS RESIDENCE						
1			ON A FARM?						
-	Peninsula General Hospital	420 Delaware St.	YES NO						
3.	DECEASED	List 4. DATE Month OF	Dey Year						
	(Type or print) John Wesley Hudson	DEATH 1-6-61	19						
5.		. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.						
	M WIDOWED DIVORCED C	Do-1	ys Hours Min.						
10		Y 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?						
de	one during post of working life, even if retirad)	1 II. DIKTOPLACE (State or foreign country)	EN OF WHAT COUNTRY!						
	Her none	Wesemis U.	0,14						
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
10	There was blueson Sr	Morare Tessest							
1/5	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NEGRMANIA Address							
IY	es ng. or untown) ((five give war or defes of sarvice)	11) 1 7/ 1000							
	11 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	wichy suarr							
- 3	Mo. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Broncho-pneum	ionia	Hours						
	491X DUE TO								
/	Confliction of the last to								
4 3	Conditions, if any, which gave rise to immediate cause (b)								
	(a), stating the underlying DUE TO								
- 2	cause lest. (c)								
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY						
ĮĚ			PERFORMED?						
F	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	inter nature of Injury in Part I or Part II of item 18.)	TIES KI NO LI						
CERTIFICATION	PRIMARY □ or CONTRIBUTING □	men hardre of mighty in fair to franch of field to.)							
	CAUSE OF DEATH.								
MEDICAL		CE OF INJURY (Homa, farm, 20f. (City or town) (Country, streat, office bldg., etc.)	y) (Stata)						
NE DE	Hour e.m. While Not While factor	ory, stead, office bidgi, sic.)							
	21. I certify that I took charge of the remains described above, he	ld an Autopsy V. Inspection V. Inquiry V.	and in my opinion						
		Paris I-AL II-AL	and in my opinion						
	death resulted from: Natural causes X, Accident , Suici	de , Homicide , Undetermined manner							
	60,1	CHIEF MEDICAL EXAMINER							
-	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED						
	7 3 7 7 /4 7	DEPUTY MEDICAL EXAMINER							
	NAME (Type) LOT Company Arra Collision								
22	BURIAL, CREMATION 1226 DATE THEREOF 1222 NAME OF CEMETERY OR	And as (Street, city, fown, or county)	(Steta)						
1	REMOVAL (Specify) 1-10-61		-d						
K		res com Solishury or							
23	FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE						
	1 Obster HUles	DATERRAL 1 7 161							
		JAN 1 1 61 Cather S. 16	प्यम् त्						

ACT PROPERTY OF STATE OF STAME College 19 | Breats and College 19 | College winds the sent and the sent about Per Indula Asserblication of the Annual of t roles you alor 2/8/2-80 grand arrange 6.84 The Maden So Verge Decist 11 To Set 16 Com Harter to The Line on a ethouses you man Hard E. Hours, M.D. Hardey, Ch. Landy, Ch. Co. Co. Co. Landy Secretary of the terminal and the secretary of the and the state of t

61284

1299

Reg. Dist. No.

	LACE OF DEATH COUNTY	nico		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Maryland Wicomico							
Ь	o. CITY OR TOWN (I RURAL and give no	f outside corporate limit	ts, write	c. LENGTH OF STAY IN 16		OR TOWN (IF		prote limits, write R	URAL ond	give nec	prest town	1)
d	OR INSTITUTION	AL (If not in hospitol, g	ive street (1 50 yrs	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO S							
3. N	NAME OF DECEASED	Fire	st	Middle		Lost	4. DATE OF	Mor	ith	Do	y '	Yeor
	Type or print)	LOVEY		LEE	HURT	T	DEATH	Jan.	24			19 61
5. SI	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years lost birthdoy)				ER 24 HRS.
F	'emale	White	WIDOWE	DIVORCED [4-20	-1881/	1863	97 yrs.	Months	Days	Hours	Min.
10a.	during most of work	king life, even if retired)	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BI	RTHPLACE (Stote	or foreign c	ountry)	12. CIT	IZENOI	WHATC	OUNTRY
13. F	At I	lome		Home	14. MOT	Maryla HER'S MAIDEN				US	A	
	m					Acres TT-	-144					
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT	Ann Ha	ckett	Add	ress			
Yes,	no, or unknown)	If yes, give war or dates of se		None	Addie	Snowd	en. D	elmar.	Md.			
	18. CAUSE OF DEA	TH [Enter only one co	use per lir	ng for (o), (b), and (c).]							ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY:	6	erebal v	esca	Car a	ec.	Kout		ONS	SET AND	DEATH
	Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (HeroDolos	000	cerst	ral	and go	ile conti	300	0/3	eft
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	IT NOT RELAT	ED TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO YES	RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURE	ED. (Enter no	ture of injury in	Port I or Por	t II of item 1B.)		46		
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While of work	Not while f	PLACE OF INJ octory, street,	URY (Home, for office bldg., et	m, 20f. (City	y or town)		County)		(Stote)
	21. I certify th	at I attended the	decease	ed fram	, 19	50,10	fauc	24 1961	that I lo	ast sav	v the d	eceasea
	alive an	an 23	19 6	, and that deat	h occurre	d at 4 /	_M, fram ADDRESS (S	the causes ar			DAT	E SIGNED
	ACTUAL SIGNATURE	110-	201	LET	M.D	1) Clu	ur	URG	+	12	-2.6	-61
	PHYSICIAN'S NAME (Type)	Dr. L.V.	Soh	ler			Delm	ar, Mar	ylan	d		
220.	BURIAL, CREMATIO			22c. NAME OF CEMETERY	OR CREMATO	DRY		TION (City, town,	or county)		(Stot	e)
	Burial	1-28-6		Mount Oliv	0		Del	mar, De	1.		1	
27	FUNERATI DIRECTOR	S SIGNATURE	11 - N	DADDRESS	De	(/	D BY REGIST		STRAR'S SI			

r death. Page 4 Then please remove carbon papers. Pages 1 and 2 shauld be filed with may be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours the registrar prior to burial, cremotian, or removal, and in any event within 72 hours after death. page 3 should be detoched far use as the buriof-transit permit. TO HOSPITAL

VS A15 (4) 15M 9/5B

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Frankling & Burkeling of Willeman & Commercial States and States a

the state of the s

TO HOSPITA. OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed where the formula of the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

M	ARYLAND STATE DE	PARTMENT OF	HEALTH		
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS,	301 W. PRESTON	STREET, B.	ALTIMORE 1,	MARYLAND
DIVISION OF STATISTICAL R	CERTIFICATE	OF DEATH			6128

1. PLACE OF DEATH o. COUNTY Wicomico	2. USUAL RESIDENCE (Where decesed lived, If institution: Residence before edmission) o. STATE b. COUNTY
MARYLA	
write RURAL and give nearest town)	2013-
Salisbury 580 days	Cambridge
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Deer's Head State Hospital	101 Fairmount Avenue
3. NAME OF First Middle DECEASED	Lest 4, DATE Month Day Year OF
(Type or print) Bettie Lula	Johnson Death January 31 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Colored WIDOWED X DIVORCED	Feb. 2. 1896 lest birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INI	
Domestic Domestic	Talladega, Ala. USA
Domestic Domestic 13. FATHER'S NAME	Talladega, Ala. USA
Anthony Parson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO.	Annie Parson 17. INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	I/, INFORMANI
No None	Rev. John English, Cambridge, Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Arteriosclero	tic cardiovascular disease Yrs
DUE TO	
Conditions, if ony, which \ Arteriosclero	sis, general ?
gave rise to immediate cause	
(e), stating the underlying DUE TO	
ceuse lest. (c)	IUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATTI	PERFORMED?
Diabetes mellitus with gangrene	of right foot
OR CONTRIBUTING CAUSE OF DEATH	CURED. (Enter neture of injury in Part I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2D While Not While et work 19 et work	De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.)
	from July 1, 1959, to Jan. 31, 1961, that (I) (we) last
saw the deceased alive on Jan. 31 19.61, and	
22e. SIGNATURE	that death occured at
Viuerman.	ATTENDING MED. STAFF
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. X
NAME (Type) V. Juerman, M. D.	Deer's Head State Hospital; Salisbury, Md.
	ETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Burial 2/5/1961 Waugh Ce	emetery Cambridge, Md.
24 FUNERAL DIRECTOR'S ASSINATURE 11 ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Maria VIIIIII Varia V	dge, Md. DATE FEB 3 '61 arthur S. Thans
6 16 X	

\$54 - Salmonthia T mint of the second of the seco Semals Calbred in K section Park. 2, 1936 . Ch. Donestle Pomestle Mallagers, M.s. USA acsun vaccina Appres Parson lone y hav. John Smillsh, Carbridge, Bo. art of the continue of the con the rate of and read to the terms The second secon Special State of the State of t TO STATE OF THE ST Wilder and the state of the sta Daries Carpy Canada Ca about Campy Campy Campy Compy Compy Co.

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TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

61288

	1. PLACE OF DEATH a. COUNTY.	MARYLAND	2. USUAL RESIDENCE (a. STATE Mary		COLINITY	ce befare admission) OMICO
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		If autside carporate lim	nits, write RURAL and g	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION FENTAL	HOSPITAL	d STREET ADDRESS Mon	ticello &	Federal	St SYES NO IX
	3. NAME OF DECEASED (Type or print) WILLIAM	FRANKLIN _	TOHNSON	4. DATE OF DEATH	- Manth NUARY	Day Year 9 1961
	MALE White WIDOW	ED DIVORCED		1908 "5	2 yrs. Months	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
1	Owner & Operator-John	sales & Servi	TV. Nant:	ote or foreign country) 1 coke, Mar	yland 12.ciri	ZEN OF WHAT COUNTRY?
1	William C.Johnson		Sadie Me			
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 17es. no. or unknown) (If yes, give wor or dates of service) NO	SOCIAL SECURITY NO. 17 IN 18	Federal S	t A.Johns Sts. Sali	on(Wife)	Monticello ryland
	PART I. DEATH Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gave rise to immediate cause (a), stating the under-	ine far (a), (b), and (c).] Nyseardial Winary Dri	Inference Dis	tion		INTERVAL BETWEEN ONSET AND DEATH MALLEN
- 1	Iying cause last. (c)					T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED \mathbb{N}/\mathbb{A}	D. (Enter nature of injury	in Parrial Political I	iem io.,	
	Haur a.m. NT /A While	INJURY OCCURRED 20e. PL Nat while rk at wark	ACE OF INJURY (Home, fictory, street, affice bldg.,	arm, 20f. (City ar tow	⁷ N/A	Caunty) (State)
	21. I certify that (I) (this haspital) attensaw the deceased alive an NUC 220 (SIGNATURE TUBE AND SIGNATURE 22c. PHYSICIAN'S NAME (Type) William D. Gr	3-/_ 19.60, and that c	M.D. ATTENDING PHYS. 22d. ADDRESS	M, from the come of the come o	Janua	
-	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Jan. 13, 1961	23c, NAME OF CEMETERY O	R CREMATORY EMETERY		City, town, or county)	
	24. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY S	ADDRESS ALISBURY MAR	1 "	JAN 1 3 '61	25b. REGISTRAR'S SIG	11

TO A SECOND TO SECOND TO SECOND THE SECOND T THE RELIEF STREET, JEWIS TO STREET are to be free at, who there is the first of the free and a second or an are hoggnot.Coms! () office plotted (all companies a deposite of the companies and the companies of the compani Beech Been Secure and a wealings of the or two the if a set of A full of the control of the KSAN ASSESSED TO THE WHAT SO THE WAY A TABLE

VR A1S (4) 1SM 9/59

MA	AKTLAND STATE DEPAKTMENT OF HEALTH
A DIVISION O	F STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
1303	F STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLANE CERTIFICATE OF DEATH

	4			
(-	9	X	3
1	-8-	6.	U	17

1	1. PLACE OF DEATH o, COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
1	WICOMICO	Ma somerset
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALIS BURL	Rural Princess Anne 19X2
2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PENINSULA (FENERAL HOSPITAL	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year OF DEATH TRAIL 18 196/
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
	TEMALE WHITE WIDOWED DIVORCED	OCT A 13 Y 795.
1	10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	MI. U.S.
	13. FATHER'S NAME JOHN JONES	Sarah Pertan
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (If yes, give wor or dates of service)	SJohn Widdowson At Vernon Md
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Marcho	neumonia Galain
	332 X DUE TO 1 1 7	
	Conditions, if ony, which gove rise to immediate (b) Research of A	ran bosis y days
	couse (o), stoting the under-	
	lying cause lost. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0	ICATIC	PERFORMED? YES NO
		ED. (Enter noture of injury in Part I or Port II of item 18.)
		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	130
	saw the deceased alive an	death accurred at F.M. fram the causes and an the date stated above.
	A real R. Manne	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	230, BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, tayn, ar county) (State)
_	P4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
>	amed Henrica Prencen Ha	DATE JAN 24 '61 Orthur S. Kraus
/		

- Kuraj - I weess than-(EME) (marked) craft becomes and the part of the contract of the Let. sentent, server, server, in. sallenner, el. depail . I ight . au Theat . Leniver , vamente ANTERNOON OF THE STATE OF THE S and the state of t

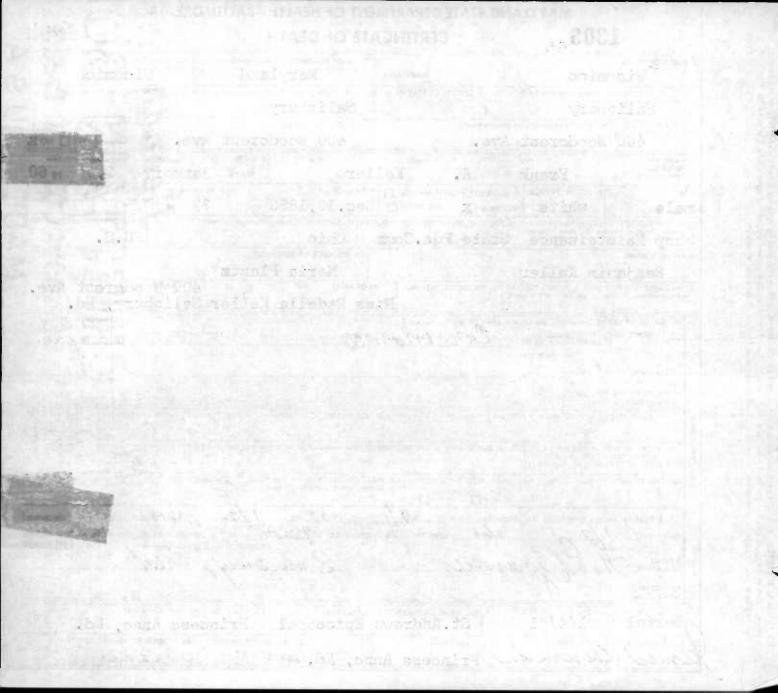
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1305 CERTIFICATE OF DEATH

Reg. Dist. No. (1291)

1. PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	a. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Salisbury
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION Woodcrest Ave.	d. STREET ADDRESS 400 Woodcrest Ave. o. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF First Middle (Type or print) Frank A. Kel	Ler Lost 4. DATE Month Dey Year DEATH January 2, 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED male white widowed x DIVORCED	B. DATE OF BIRTH Dec. 13, 1883 9. AGE (In years last birthday) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. Min
10a. USUAL OCCUPATION (Give kind of work done during most of yarking life, even if retired) Shop Maintainance State Rds.Comm	Ohio U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Keller	Maria Plantz
(Yes, no, or unknown) (If yes, give war or dates of service)	Ass Radella Keller Salisbury, Md.
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) CAUCLING DUE TO	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature af injury in Part I ar Part II af item 18.)
	ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.) (City ar tawn) (Caunty) (Stote)
21. I certify that I attended the deceased from 7/4 alive an 19. I and that death SIGNATURE PHYSICIAN'S NAME (Type)	n accurred at 901 PM, from the causes and an the date stated abave. ADDRESS (Street, city ar town, state) DATE SIGNED
22c. NAME OF CEMETERY C St. Andrews	Episcopal Princess Anne, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADMINISTRATION AND PRINCESS AT	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24c. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 24c. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR'S SIGNATURE 24c. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR'S SIGNATURE 24c. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR'S SIGNATURE 24c. REGISTRAR'S SIGNATURE



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1 20 6

	1306 CERTIFICAL	TE OF DEATH
1	PLACE OF DEATH O. COUNTY OMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY WICOMICO
	b. CITY OR TOWN (If outside corporate limits, write RURAT and give nearest town) ALISBUR, The state of the s	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OBJINISTITUTION FENINSULA GENERAL HOSPITAL	d. STREET ADDRESS MEADOW BRIDGE RO e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) GEORGE BUTZ KE	EMMERER 4. DATE Month Day Year OF DEATH JANUARY 23 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years least birthday) 5. byrs. 8. AGE (In years least birthday) 5. Months Days Haurs Min.
600	10a. USUAL OCCUPATION (Give kind of work done of the done) With the desired of working life even if retired) Industrial	PENNA. 12. CITIZEN OF WHAT COUNTRY?
	CLASTON J. KEMMERER	EMMA BUTZ
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no grunknown) (If yes, give war ar dates of service) (A 2 -09-1208 S)	no. Florence L. Kemmerer, Same.
	PART I. DEATH Enter only one cause per line for (g). (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (a), stating the under. lying cause last.	brombosis with left on the Stary Death of Stary Occupation Information (7)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO NO
		D. (Enter nature of injury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 While Not while of work of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City ar tawn) (County) (State)
		death accurred at 3 PM, from the causes and an the date stated above.
		M.D. PHYS. MED. STAFF 128b. DAFE SIGNED
	22c. PHYSICIAN'S NAME (Type) PUFUS S. GARDNERT	R. PINE bluff Rd; SALIS BURY M.
		metery Ambler, Pa.
	24. FUNERAL DIRECTOR'S SIGNATURE CO. Salestrus.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND COUNTY (If outside corporete limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) end give neerest town) (in this plece) OR TOWN HOSPITAL OR STREET (if rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) (Lest) 4. DATE (Month) (Dey) (Year) DECEASED (Type or Print) MOYE 19 SEX COLOR OR SINGLE, MARRIED. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED, Months Hours (Specify) YIS. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? an town e 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or detes of service) 18. MEDICAL CERTIFICATI INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19e. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, ferm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (Stete) (County) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 21. HOW DID INJURY OCCUR? (Year) (Hour) 21e. INJURY OCCURRED While Not while et work et work 22. I hereby certify that I attended the deceased from ... Jerse, 19 (a.l., that I last saw the deceased alive on...2

death

24.

....., and that death occurred at. SIGNATURE ADDRESS (Street, city, town, stete) DATE SIGNED BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, fown, or county) (Stete) REMOVAL (SPECIFY) Ma REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Jun S. Flears -JN212 2 hanotown

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH q. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Wicomico
Wiedmiel		•
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
Balisburg		Salisbury
d. NAME OF HOSPITAL (If no in haspital, give street add OR INSTITUTION	1 11 1 1 1	d. STREET ADDRESS R.D.# 4 Johnson Rd c. IS RESIDENCE ON AFARM? YES TANO
ieningul Holmera	LNOSpital	N.D.# 4 JOHNSON NO. YES ANO.
3. NAME OF DECEASED (Type ar print) DAVID	WAYNE ~	Last 4. DATE Manth Day Year DEATH January 19-1961
S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [THE THE PROPERTY OF	B. DATE OF BIRTH June 6, 1954 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Obys Haurs Min. Manths Obys Obys Manths Obys O
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIN	D OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY?
School Boy	None	Salisbury(Hosp) Md. USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Arthur Amoss Messick		Patricia Mary Tawes
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	Mī	Arthur A. Messick (Father) R.D.#4 ohnson Rd Salisbury, Maryland
1B. CAUSE OF DEATH [Enter anly one cause per line is	of (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	exipheral	Vascular Callapse
Conditions, if any, which) DUE TO (b)	xtreme H	perpyrexia (Tempo 108) 5 Days
gave rise to immediate cause (a), stating the under-lying cause last.	(FABRO	rmslity of Temperature Regulating
PART II. OTHER SIGNIFICANT CONDITIONS CON Congenital Cevelor	Detect	NOT RELATED TO THE YERMINAL DISCONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJU While of wark C	Nat while fac	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) tary, street, affice bldg., etc.)
21. I certify that (I) (this hospital) attended	the deceased fram	1/17 1961, to 1/19 1961, that (1) (we) last
saw the deceased alive an	_1961, and that d	eath accurred atM, from the causes and an the date stated above.
220. SIGNATURE C	olla.	M.D. ATTENDING MED. STAFF Jan. 19, 1961
22c. PHYSICIAN'S NAME (Type) Alfred C. Kolls	5	medical Center, Salislany M.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 2	3c. NAME OF CEMETERY ON ICOMICO ME	R CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State) MORIAL PARK SALISBURY, MARYLAND
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SAI	LISBURY MAR	YLAND DATE JAN 23 '61 aving 8. Hours

TO HOSPITAL VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY	Wicomico	MARYLAND		E (Where deceased lived. If aryland b. C	And the second s	perfore admission) OMICO
b. CITY OR TOWN (RURAL and give n	(If autside carporate limits, write learnst town) Salisbury	c. LENGTH OF STAY IN 16	1 1 -	N (If autside corporate limits, alisbury	write RURAL and give	nearest tawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give stree 221 West Ph	iladelphia A	d. STREET ADDRES	ss 21 W.Philad	elphia Av	e. IS RESIDENCE ON A FARM? VE YES NO 2
3. NAME OF DECEASED (Type or print)	JEROME	RUFUS	MILES	4. DATE OF JAN	UARY 1	Day Year 4th 19 6:
5. SEX Male	6. COLOR OR RACE 7. MAR WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	1888 9. AGE (III lost bir		EAR IF UNDER 24 HR ys Haurs Min.
Baker a	ON (Give kind of work dane 10b rking life, even if retired) t Baking Co.	Baker	Somerse	et Co.Maryl		S A
13. FATHER'S NAME Samuel	Miles		Hattie			
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	informani Trs.Katie I Salisi	Miles(Wife) bury, Maryla	221 Phi	lla.Ave.
	ATH [Enter anly one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ling for (a), (b), and (c).]	nem	-		NTERVAL BETWEEN ONSET AND DEATH
Canditions, if a gave rise to cause (a), stating lying couse lost.	immediate DUE TO	diano & Jes	woliged	Caseum	- Jourtolo	-1/2y
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE T	TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(c	19. WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING 20b. DE G CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR N/A	RED. (Enter nature af injur	ry in Part I ar Part II of item	18.)	
Y 20c. TIME OF INJUI Haur a. m. p. m.	N/A while	INJURY OCCURRED 20e. Be Nat while ark of wark	PLACE OF INJURY (Hame, foctory, preet, affice bldg.	, form, ,, etc.) 20f. (City ar tawn)	I/A (Caun	nty) (Stote
The second second second	at (I) (this haspital) atten	The second secon	death accurred of	: 25P M. the cau	ses and an the do	that (I) (we) la
22a. SIGNATURE	Wiein	4.78lon	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	□ Jan./	22b. DATE /196.
22c. PHYSICIAN'S NAME (Type)	r. William H	.Fisher	Nedica:	1 Center S	Salisbury	, Marylan
23a. BURIAL, CREMATIC REMOVAL (Specify BUP12	DN, 23b. DATE THEREOF 196	23c. NAME OF CEMETERY PARSONS	OR CREMATORY CEMETERY	23d. LOCATION (City.		RYLAND
24. FUNERAL DIRECTOR		ADDRESS		REC'D BY REGISTRAR 25	b. REGISTRAR'S SIGNA	ATURE
HOLLOWAY	& COMPANY S.	ALISBURY MAR	RYLAND DATE	E JAN 1 9 '61	Calling & H	and A

TO HOSPITAL VR A15 (4) 15M 9/59

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HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of earth. Page 4		FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	age 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	1
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1	toy be remained by the hospital or attending physician.	CT	e d	e State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death.
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VR A1S (4) 1SM 9/59

1	1. PLACE OF DEATH o. COUNTY	icomico		MARY	LAND	2. USUAL RESIDENCE (W		b. COUNTY	on: Residence	e before adm	ission)
	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi	ts, write c	ELENGTH OF STAY		c. CITY OR TOWN (IF				ve nearest to	wn)
1	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g		dress)		d. STREET ADDRESS			TX	ON	ESIDENCE A FARM?
f	3. NAME OF DECEASED (Type or print)	Fir		Middle	1/47	Last	4. DATE OF DEATH	Mon		Day	Year 19 61
	s. sex	6. COLOR OR RACE			D B	ligan DATE OF BIRTH Ug. 17, 1863		9. AGE (In yeors lost birthday)	IF UNDER 1	YEAR IF UN Days Haur	DER 24 HRS.
)[10a. USUAL OCCUPATIO during mast af work NON (ing life, even if retired	Jane 10b. KII	ND OF BUSINESS O	R INDUST	Marylan 14. MOTHER'S MAIDEN	nd	country)		S.A.	COUNTRY?
	Samuel	l J. Nels	on			Mary bo					
I	IS. WAS DECEASED EVER		CES? 16. SC	CIAL SECURITY NO.	17, INF	ORMANT		Add	ress		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Mi	ss Kathryn	Mil:	ligan S	alist	oury.	Md.
The state of the s	Conditions, if or gave rise to in couse (o), stoting the lying couse lost.	he <u>under-</u> DUE TO		OF ON CA	ATH BUT D	SALLUM C	MI G	SE CONDITION GIV	'EN IN PART	1(o) 19. WA	S AUTOPSY
	[CATE	Hia	beli	s //le	ll	(Enter noture of injury in	7,7101			PER	ORMED?
	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)			CORRED.	temer morare or impry m					
	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yea	While	Nat while of wark		CE OF INJURY (Hame, fare ory, street, office bldg., etc.		ry or town)	(Co	ounty)	(State)
The state of the state of	21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	uZZ) attended ff all	1 1 1	that de		AED.	STAFF PHYS.	-		
	23a. BURIAL, CREMATION REMOVAL (Specify) Durial	1-16-61	F	23c. NAME OF CEME	TERY OR	CREMATORY	23d, LOCA	ATION (City, town,	me.	Md.	ate)
	Levin R	SIGNATURE		ADDRESS	Ann		D BY REGIS	TRAR 256. REGI	strar's sign		

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death. Page 2 may be relained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITA VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH 297

	TATE	H- HOLL - I	NA AT		
1. PLACE OF DE a. COUNTY	ATH Wicomico		2. USUAL RESIDENCE (W	P COLINI	stitution: Residence before admission Y Worcester
	VN (if outside corporete limits,	MARYLAND c. LENGTH OF STAY IN 16			RURAL end give neerest town)
Salis	end give neerest town)	102 days	Pocomoke	234	19-2
d. NAME OF H	OSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	r's Head State Hos	spital	501 Cedar		YES NO
3. NAME OF DECEASED	First	Middle		DATE Month	Dey Year
(Type or print)	Thomas	Steven	Mitchell '	Jan.	27 19 61
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years 1 lest birthdey)	Months Devs Hours Min.
Male	White widow	ED DIVORCED	July 15. 1887	73 yrs.	Months Deys Hours Min.
10e. USUAL OCCU	JPATION (Give kind of work of working life, even if retirad)	KIND OF BUSINESS OR INDUSTR		tete, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Mail ca			New York		U.S.A.
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASE	Mitchell DEVER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	Mary Elizab	eth Smith	
(Yes, no, or unkowi	n) (If yes give wer or detes of service)	Δ-	lice Vincent	Pocomole	City, Md.
18. CAUSE	OF DEATH [Enter only one ceuse per		FICE ATHOGHO	1000110110	INTERVAL BETWEEN
	DEATH WAS CAUSED BY:	ongestive hear	Cailure	PER SERVICE	OHISET-AMP (BATH
	minesitive errose (a)	Oligonol ve lica	O THE STREET STREET STREET STREET		Jo yra
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gave rise to im	eny, which (b)	Con Contract		per-payment and d	Name of Street or other Designation of the last of the
(a), stating th	na undarlying DUE TO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ceuse last.	THER SIGNIFICANT CONDITIONS CO	NITRIBUTING TO DEATH BUT NO	AT DELATED TO THE TERMINIAL D	ISEASE CONDITION CIVE	NIN BART 1/2/1 10 WAS ALITORSY
ZOa. ACCIDEN OR CONTRIBUT (IF EITHER, NO	THEK SIGNIFICANT CONDITIONS CO	NIKIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE	PERFORMED?
	T WAS UNDERLYING [] 20b. DE TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER]	SCRIBE HOW INJURY OCCURED), (Enter neture of injury in Pert I	or Part # of item 18.)	
20c. TIME OF Hour e		leNot While faci	CE OF INJURY (Home, farm, 20 tory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
21. I certif	y that (this hospital) atter	nded the deceased from.	Oct. 17 , 19.6	Q to Jan. 27	, 19.61, that (I) (we) la
					and on the date stated above
22e. SIGNAT			3:35 A	• M•	22b. DATE
17	1. A Ann	1/21 M	ATTENDING MED. PHYS. DIRECT	OR PHYS.	1/27/61 SIGNE
22c. PHYSICIA			22d. ADDRESS		2/2//02
NAME (Type) Lee L. Lawry	7, M. D.	Deer's Head	Hospital; Sa	lisbury, Md.
23a. BURIAL, CRE		23c. NAME OF CEMETERY	OR CREMATORY 23	LOCATION (City, town	n or county) (Stete)
Buria!		61 Modest	Town N	Iodest Town	va.
	CTOR'S SIGNATURE	ADDRESS	1 1 25a. REC'D BY	REGISTRAR 25b. REGI	STRAR'S SIGNATURE
1 orla	Man Juan C	Homore	MALLY DATESER 2		lug S. Kraus

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	LACE OF DEATH			MARY		o. STATE			b. COUNTY		ce befo	re admiss	ion)
Ŀ	CITY OR TOWN (II RURAL and give ne		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T		utside corpo	rote limits, write R	URAL ond	give ned	arest town	1)
-	Salis NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	56 Yrs		d. STREET A		- V					FARM?
	Ocean	City Blvd	. ,			00	cean C	ity B	lvd.,			YES X	NO
	NAME OF DECEASED Type or print)	CALVIN	st	Middle DURAND		MORR]		4. DATE OF DEATH	Mor	th	2]	-/	Yeor 1961
5. 5	EX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D 🗆 8.	DATE OF BIRTH			9. AGE (In years	IF UNDER		-	
	Male	White	WIDOWI			arch 23			lost birthdoy) 91 yrs.	Months	Days	Hours	Min.
10a.	during most of work Farmer Tr	ing life, even if retired)		kind of Business of Parm Owner	R INDUSTR		ACE (Stote of Land	or foreign o	ountry)		ZEN OF		COUNTRY
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	William R	. Morris	72.1			Mary	E. Ma	ddox,	Same				
	WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	. 17, INFO	RMANT			Add	ress			
	No			None	Mr.	Linwoo	od Mor	ris,	Salisbur	y, Ma:	ryla	ind	70.15
	Conditions, if or gove rise to in cause (o), stoting lying couse lost.	nmediote Dus To		Jenily	ty	7					ON	SET AND	DEATH
CERTIFICATION	PART II. OTH	er significant con	DITIONS (CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PAR	T 1(o) 1	PERFO	AUTOPSY DRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OF	CCURRED.	Enter noture o	f injury in F	ort ! or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yed	While	NJURY OCCURRED Not while t ot work		OF INJURY (I y, street, office			or town)	((County)		(Stote
	21. I certify that saw the deceas	, , ,) attend	ded the deceased			1.00	54, .ta_ M, fram	the causes ar	,			(we) last
	22c. PHYSICIAN'S NAME (Type)	mit	hi	4	M.I	22d. ADDRE	ESS DI	RECTOR [STAFF PHYS.		196	1	b. DATE SIGNED
	I	or. Andrew	U. M:	itchell		Ma	ryland	Ave.	, Salisb	ury,	Mar	yland	1
23a	8URIAL, CREMATIO REMOVAL (Specify) Burial	1/24/61	F	23c. NAME OF CEME					TION (City, town, sbury, M		nd	(Stot	te)
24.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			250. REC'I	BY REGIST		STRAR'S SI		RE	
T	he Hill &	Johnson Co	. Sa	lisbury, Ma	rylar	nd	DATE	26 161			L		

			5161
	The specific allowed the self-		
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	OE COMPANY		
			3000 north
	* *** = ****	2 to 10 to 10 to	estima .11
		Outsile and the second of the	Le VASAT Belle B

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

 		-	
TIFIC	ATL		

(1300

1315 CERTIFICA	ATE OF DEATH (£3()()
1. PLACE OF DEATH a. COUNTY // COM/EO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write QURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF ER HAAD STATE HOSP,	d. STREET ADDRESS UNKNOWN 3V01-4 C. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) Substitute of the control of t	Deres 4. DATE Month Day Year OF DEATH JAN 14 1961
5. SEX 16. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH AUG-19-1877 9. AGE (In years lest hirthday) 83 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	maryland 4.5.A.
JOHN NORRIS	LLIZABETH KITTHER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	DEER HEAD HUSPITAL RECERDS MU
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mocardial Failure Interval Between ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-	ged arterioschrois 10 ys
lying couse last. (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Port II of item 18.)
20a. ACCIDENT WAS UNDERLYING CORRECTION OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAU	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State actory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 11/19/61, and that	deuty 8, 19 65 to FRN 14, 1961, that (I) (we) last deoth occurred of 13 M, from the causes and on the date stated above.
220. SIGNATURE LA LAWRY	M.D. ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. D
22c. PHYSIGHAN'S NAME (Type)	SALISBURY - MARYLAWD
230. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 1-17-1961 St. JOHNS	HUNTINDOX Baltimore mind
24. FUNERAL DIRECTOR'S SIGNATURE Princes and Annual Annual Princes	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATEAN 1 9 '61 Carthury & Kround



VR A15 (4) 1SM 9/59

LINES OF THE CASE 93+5040/WE THE SURVEY CAND THE ASSESSMENT ASSESSMENT 12412 6 12 17 DOGS FERD JOHN (FAIL ENGINEERS) - E. W. M. - 20 P. N. Agreed equipment to the hy or the IN HOLE TO NEW PROPERTY BY IT HERE and the state of t CHETTANTE - CHARACTURE 4 12 197 1981 S. June Henringson Bast when The

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1314 CERTIFICATE OF DEATH

Reg. Dist. No. (129)

1,	PLACE OF DEATH				2.	USUAL RESIDENCE (M	/here deceased			efore adn	nission)
		omico		MARYLA	ND	o. STATE Mary]	Land	b. COUNTY	Somers	et	
Г	b. CITY OR TOWN (If RURAL and give ne	outside corporate limit	s, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corpora	ate limits, write R	URAL and give	nearest to	own)
	Salisbu	ury		3 yrs.		Mario	on Stat:	ion			
	d. NAME OF HOSPITA	AL (If nat in hospital, g	ive street d	oddress)		d. STREET ADDRESS		1.0	3/ 0	e. IS F	RESIDENCE
L	PA PA	oringhill	Sar	itarium		RFD			1 0		NO [
3.	NAME OF DECEASED	Fir	ıt	Middle		Lost	4. DATE	Mar	ith	Day	Yeor
	(Type or print)	Mary		Watters	Mo	rrison	OF DEATH	1-8-6	1		19
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	□ B. D	ATE OF BIRTH 3/6	5/77 9	AGE (In years	IF UNDER 1 YE		
L	Female	White	WIDOWE	DIVORCED [Control of the	256	last birthday) yrs.	Manths Da	ys Hau	rs Min.
10	during most of worki	N (Give kind of work of ing life, even if retired)	lone 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State	e or foreign cou	intry)	12. CITIZE	OF WH	AT COUNTRY?
	Housewife	mg me, crem in remed		Own Home		Marylar	nd			USA	
13.	FATHER'S NAME		-		1	4. MOTHER'S MAIDEN	NAME				
1)	William J.	H. Watter	S			Mary Lo	ouise Ni	codemus			
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress		Table 1
1	No	None	a vice)	None	Mrs.	Gerald A.	Lee, RI	FD, Mari	on Stat	ion.	Md.
	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	e for (o), (b), and (c).]				4	[1	NTERVAL	BETWEEN
		TH WAS CAUSED BY:	10		sce	las ren	al she	01000		ONSET AN	ND DEATH
	4442	IMMEDIATE CAUSE (a	Cice	July Ju						70	7-1
	Conditions, if an	w which)									
	gove rise to im										
	lying cause last.	ne under-	M.H.						200		
z		ER SIGNIFICANT CON		ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	/FN IN PART 16	1 19 WA	S AUTOPSY
1 P							***************************************	2011011011011	CIVIII I I I	PER	FORMED?
문	200. ACCIDENT WAS	S UNDERLYING []	20b. DESC	CRIBE HOW INJURY OCC	URRED (E	nter nature of injury in	Port I ar Part I	It of item 18.)		163	U NO U
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH			,						
	20c. TIME OF INJURY	Month, Doy, Yes	r 20d. IN	JURY OCCURRED 20	e. PLACE	OF INJURY (Home, far	m. 20f. (City o	or town)	(Cour	ityl	(Stote)
MEDICAL	Hour o. m.	19	While at wark	Not while	factory	, street, office bldg., et	(c.)		(200.	,,	(5.5.5)
3	p. m.					- E8	1-8	- 6	1	-	
п	1	at attended the	decease	ed from 1-30					hthat I last		
	alive on	7	, 1922	and that de	eath oc	curred at 9.341					
Н	ACTUAL 6	200	>	1				et, city or town,			DATE SIGNED
	SIGNATURE 7	eely a	72	unery.	M.D.	116	East M	ain St	sal.	1sbu	iry, Mo
	PHYSICIAN'S NAME (Type)	Philip A.	Ins	sley. M.D.							
22	a. BURIAL, CREMATION	N, 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR CE	EMATORY	22d. LOCATIO	ON (City, town,	or county)	(5	tate)
I	REMOVAL (Specify)	1/10/61		St. Paul's	Epi	scopal	Marion	n Static	n, Md.		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. REC	O BY REGISTR	AR 24b. REGI	STRAR'S SIGNA	TURE	
	Bradshaw &	Y CONTRACTOR	Crist	ield, Md.		DATE	AN 11 '6	1 a	rilling S. H	raus	
	THE STREET	Jons									

ENGL HAR AND AND	TE OF DEATH	CERTIFICA	2101	
Jacobson William		Sept. These	on the	51.
	and on the	BTY F	TO THE TYPE	dalias
		musical bas	A 0.	
	nostrio	am tip	Viet	2,1547
٤	Les & Carri	Denna II and	at tolk	elenat.
em arca ti			unated it	
On pales a mine .05	Lant . A Circle V		Blight.	
			\$2.50 m	
Control of the bound of the Control	Activity .			
Sin St., Salisburg,	des All dest	maley. M.D.	I .A gilled	- HILLANDS
and the Land of the State of		er) misen es alle all pro-	1/10/61	
	Mistre man		tello-de.	PUTTED AND ST

FOR STATE
IFALTH DEPT

TO DEPUTY AEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any desseary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of-Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effer death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1316MEDICAL	EXAMINER'S	CERTIFICAT	TE OF DEATH	(.1301
1. PLACE OF DEATH e. COUNTY				titution, Residence before admission
Wicomico	MARYLAND	• STATE Mar	yland b. COUNTY	Wicomico
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give necest town) Salisbury	c. LENGTH OF STAY IN 16	13	If outside corporete limits, write R	URAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, giva streat address)	d. STREET ADDRESS		a. IS RESIDENCE
D.O.A. Pen Gen Hospita	1	625	Fitzwater St	YES NO
3. NAME OF First DECEASED (Type or print) ALINE		ATRICK	4. DATE Month OF JANUA	ARY 1st 19 61
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers IF	
Female White WIDOWE		ct. 15,192	8 lest birthdey) N	Aonths Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
House Work & Hospital	Attendent	Salisbur	y, Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
George W.Truitt		Laura B.	Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewarordelesofservice)	SOCIAL SECURITY NO. 17. I	.Iaura B.T St. Sali	ruitt(Mother) sbury, Marylar	625 Fitzwater
18. CAUSE OF DEATH [Enter only one cause par I	ine for (a), (b), and (c).]		O A 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bullet 4	a formal	Brown	ONSET AND DEATH
DUE TO				
Conditions, if any, which (b)				
gave rise to immediate ceuse (a), stating the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON 20a. EXTERNAL CAUSE WAS PRIMARY ID or CONTRIBUTING CAUSE OF DEATH.	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
, v	IBE HOW INJURY OCCURED. (E			
Hour a.m. While	Not Whila fact	ory, street, office bldg., etc.		(County) (Stata)
21. I certify that I took charge of the rem			Inspection X. Inquiry	
death resulted from: Natural causes		ide K. Homicide	, Undetermined man	
600	7	CHIEF MEDICAL		
ACTUAL EN LA	Jel .	M.D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
EXAMINER'S 407 Camden Av	e.Salisbury,		city, town, or county) Jar	The state of the s
REMOVAL (Spacify)	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or	
Burial Jan. 4, 1961	Parsons Ce		Salisbury, Ma	
23. FUNERAL DIRECTOR	ADDRESS	24a. REC	'D BY REGISTRAR 24b. REGIST	KAK'S SIGNATURE

HOLLOWAY & COMPANY SALISBURY MARYLAND | DATE JAN 5

Chiller S. Krous

THE BURNET HAR THE REPORT OF THE PROPERTY OF T STATE TO BLADISHED & COMMADALE OF DIE Some Press, the press will be o Labora , Law Inches M- MERCEL AL SYLVEN THE REST OF STREET nearings 1 2 30 17 days) aktimis in only for Tribul 1 day of the manager of the contract of Dast'va N. Prindaria i versineso anorga i 12 (5,7. 161) THE RESERVE OF THE LANGE OF THE PARTY OF THE

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1317 Item 7	CERTIFICATE	OF DEATH	SIREEI, DA	ALTIMORE I,	MAKIL	(1302	
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission					
Ounty Wicomico		e. STATE Maryland b. COUNTY			Talb	ot V	
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town				neerest town)	
write RURAL end give nearest town) Salisbury Lul days		Easton 504			40	-2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)		d. STREET ADDRESS			1 0	. IS RESIDENCE	
Deer's Head State Hospital		605 Dover Road				ON A FARM?	
3. NAME OF First Middle DECEASED		Last	4. DATE	Month	Dey	Year	
(Type or print) Bessie		Perkins	DEATH	Janua	ry 3	19 61	
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED B	. DATE OF BIRTH	9.	AGE (In years IF U			
Female Col. widow		3-25-		5 7 yrs. Mo	nths Deys	Hours Min.	
done during most of working life even if retired)					12. CITIZEN	OF WHAT COUNTRY	
13. FATHER'S NAME	10036 7710	14. MOTHER'S MAIDEN	NAME	,			
James Green Nannie Bailey							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyesgivewerordelesofservice)	SOCIAL SECURITY NO. 17.	NFORMANT	0	Address	7	0	
	~	alleman .	muth	12001	m,	had.	
18. CAUSE OF DEATH [Enter only one ceuse par line for (e), (b), and (c).]					11	INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pulmonary edema					0	40 hrs.	
Due to							
Conditions, if eny, which (b) Myocardial infarction						recent	
geve rise to immediate ceuse							
(a), steting the underlying but to cause lest. Severe Arteriosclerosis					3 6 4	?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)						YES TO NO TO	
2Da. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.)							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
Hour e.m. While Not While factory, street, office bldg., etc.)							
p.m. 19 et wo	rk et work	Assemble 10	.60	Ton 2	. 62		
21. I certify that (I) (this hospital) atter						that (I) (we) la	
saw the deceased alive on. Jan. 3	19. O.L., and that	death occured ar	M, from	the causes and	on the		
22e. SIGNATURE	6 .	ATTENDING A	MED.	STAFF		22b. DATE	
Vellerme	au. M	.0.	DIRECTOR	PHYS.	1	/3/61	
22c. PHYSICIAN'S NAME (Type) V. Juerman, M	. D.	Deer's	Head Ho	spital;	Salisb	ury. Md.	
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY		ION (City, town o		(State)	
BuriA1 1-7-60	Kuchods	Em.	East	رم		md,	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
Jemes of south	1 + coron, m	a DATE	N 1 0 '61	Q-Th	or I the	out	

Design and Adors the Last was appeared to the party of elmas The commence was to the same the state of the s · properties and the state of t the self-contract of the selfer death. Page 4

may be revolved by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me funeral director, page 3 shauld be detoched far use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours ofter death.

VR A1S (4) 1SM 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

MARYLAND STATE DEPARTMENT OF HEALTH 131 TIME IN THE STATE OF DEATH CERTIFICATE OF DEATH

(13)3

1		COUNTY Wic	omico		MARYLAN		o. STATE Maryland	here decease	d lived. If institution b. COUNTY	on: Residence		mission)
/	b	O. CITY OR TOWN (IF	outside corporate limi	its, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF	outside corpo	prote limits, write RI	JRAL ond give	nearest t	own)
			isbury		6 Wks		Hebron					
n.	C	OR INSTITUTION	L (If not in hospital, g	give street	oddress)		H. STREET ADDRESS	Colored .		- 11111	e. IS	RESIDENCE A FARM?
4			ula Genera	al Ho	spital							□ NO 🖸
	3. N	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mon	th	Day	Yeor
h		Type or print)	NELI	LIE	WALTER		PHILLIPS	DEATH	1	-	31	1961
	S. S	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years last birthday)	- · · · ·	EAR IF UN	NDER 24 HRS.
		Female	White	WIDOW	DIVORCED] J	uly 31,1889		71 yrs.	Monnis De	ys nou	min.
	10a.	during most of worki	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR IT	NDUSTRY	11. BIRTHPLACE (Stote	e or foreign o	country)	12. CITIZE	OF WHA	T COUNTRY?
		House Wi		' _	wn Home		Marylar	nd		U.S.	A.	
	13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
1		David I	Webster				Emma Grah	nam				
1	15. '	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7. INFO	RMANT		Add	ess		
ı	17412	No	yes, give war or dates or		2-09-2164	Mr.	William Wa	alter,	Hebron			TO SECTION
		18. CAUSE OF DEAT	H [Enter only one co	ouse per lin	ne for (o), (b), ond (c).]			77.5			INTERVAL	BETWEEN ND DEATH
		PART I. DEAT	H WAS CAUSED BY:	1 /	NEUMOR	VIA	+					EE19
		1997 DUE TO										
		Conditions, if ony, which) (b) CABCINOMATOSIS (SITE UN - 9 MONTHS										
		gove rise to im couse (o), stating the	mediate (
		lying couse lost.	le onder	c) 2	DETERMIN	ED		143.7				
	ATION	PART II. OTHI	ER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	AINAL DISEA	E CONDITION GIV	EN IN PART 1	(a) 19. W/PEI YES	RFORMED?
d	CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	CAL											
	MEDICAL	Hour o.m.	19	While of wor	Not while	roctory	, street, office bldg., e	(C.)				
H			(I) (this bosnita	1) attana	led the deceased fro	-m /	110 1	961, to	1/31	10/-	that () (we) last
		saw the decease		/3/	19 <u>4</u> 1., and th							124
		22o. SIGNATURE	ed diive dii	1-3-1		ai ded	III diccorred dig_2	z.m., man	The cooses on	0 0		22b. DATE
		achon	An Be	orlan	774	M.D	ATTENDING PHYS.	MED.	STAFF PHYS.	d-d-	196	SIGNED
		Z)C. PHYSICIAN'S	001.00	1	7		22d. ADDRESS	JANEETON C				
		NAME (Type)	m, B	20 X	om The		MEDIC	AL	CENTE	A, SAL	15BU	1 Pil m
	23a.	BURIAL, CREMATION REMOVAL (Specify)	, 23b. DATE THERE	OF	23c. NAME OF CEMETE	RY OR C	REMATORY	23d. LOCA	TION (City, town,	or county)	(Stote)
		Burial	2196	1	Hebron Cen	neter	y	Hebr	on, Maryl		N. A.	
		FUNERAL DIRECTOR'S			ADDRESS			D BY REGIS		STRAR'S SIGN	ATURE	
	F	Hill & John	nson Co. S	alish	ury, Marylan	nd	DATE	B 3 '6	an	lun & the	aud	

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		4. T. J. A. P. (90)	

TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
	,	LUICOMICO MARYLAND	O. STATE DE LA B. COUNTY SUSSEX
1	t	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	<	DALISBURY	(TEORGETOWN TO
1	-	1. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	PE	NINSULAGENERAL HOSPITAL	5N, RACE ST ON A FARM?
2		NAME OF First Middle PECEASED Type or print) ALCINI	Last 4. DATE Month Day Year OF DEATH S DAYS OF STATE S DAYS OF S D
	5. 9	112	B. DATE OF BIRTH P. AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS.
	3. 1.	A STATE OF THE PROPERTY OF	lost birthdoy) Months Doys Hours Min.
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	121141
		during most of working life, even if retired)	The billing country
		ousewite Housewite	dela.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	. (Naiter & Hilyard	Cora lourson
/		WAS DECEASED EVER IN U. S. ARMED FORCES? no. or unknown) [(If yes, give wor or dates of service)] 16. (SOCIAL SECURITY NO. 17. IN	NFORMANT Address
		I more I must	HAUER L. KOYAL GEORGETOWN DEL
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Dealety He	show to the
		DUE TO	
		Conditions, if ony, which) (b) (Ma) auga due to	2-3 uson
		gove rise to immediate	6 1 Ventrey persons
		couse (o), stoting the under-	(2) least failer 7 days
	_	lying couse lost. (c)	
	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	CAI	Diabeles Mellitis & advanced order	ves NO
•	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ COLORER HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	CAL		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	MEDICAL	10 White Holl white	ctory, street, office bldg., etc.)
	2		3
		21. I certify that (I) (this haspital) attended the deceased fram.	
		saw the deceased alive an 4 yau 1961, and that d	leath accurred at [] A.M., fram the causes and an the date stated above.
		220. SIGNATURE	ATTENDING : MED. STAFF SIGNED
			M.D. PHYS. DIRECTOR PHYS.
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
		Joseph C. F. Tzgerneb	70) Canida Cevenue
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, Iown, or county) (Stote)
	7	REMOVAL (Specify) 7 JAN 61 ST Pauls	George Town Dela.
		EUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1	Ronald F Bodd GEORGETO	The property of 181 1 Carther & Through
	-	CHECK CONTRACTOR	CO 1 4 COM

EXCEPTION OF THE PROPERTY OF T PIEL Joseph C. F. Jagrense

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) director. Page or your files. e. COUNTY b. COUNTY MARYLAND Maryland Queen Annec. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits, e. LENGTH OF STAY IN 1b write RURAL end give neerest town) 24R 5 MOS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE retained for State Boar ON A FARM? and 3 to the funeral YES A NO Head State Hospital Route Month DECEASED (Type or print) 19 2 with th Scott 9. AGE (In years IF UNDER 24 HRS. OR RACE 7. MARRIED W NEVER MARRIED 8. DATE OF BIRTH last birthdey) Months WIDOWED DIVORCED 2, ar 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired) in Item 18. Give Pages 1, pages 1 FARM FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) | (If yes give we ror detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute congestive heart failure Hours Office DUE TO (b) geve rise to immediate ceuse DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMEO? 28 Quadraplegic - Fracture C-5 and C-6 with cord injury.

20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Port I or Port II of Item 18.) NO T pinous CAUSE OF DEATH. Thrown by hay loader on Clark Farm.
or | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, | 20f. (City or town) (Stete) the Chie 20c. TIME OF INJURY Month, Dey, Yeer (County) fectory, street, office bldg., etc.) Not While Farm Centerville blease execute the certificate, 4 should be forwarded to the Pruneral DIRECTOR: P its designated the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy y. Inspection 🕶 Inquiry 1 v and in my opinion death resulted from: Natural causes Accident + Suicide riomicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER 1-16-61 EXAMINER'S TO DEPUT NAME (Type) ANGENE STATES OF CHARACTER STATES (Street, city, town, or county) 22e. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (Stete) BEMOVAL (Specify) 40 6 Bures OATAN 1 8 '61 VS. A15ME 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

Anna dans Land Anna Tana atrialestrop s The state of the s Ecv. 75, 2020 32 LABORET FARM MARYLAND LLIST SAMUEL SCOTT Anne South 226-dille french death distinction of the - Acuse controlling bearing to be a control madeuplogic-levelous U-4 pm C-Childha aord injury. The same by they loader on olders Persi. AGE. 12. 199128 J. Paris J. Canthaulia Company Spine Enril 1. Howor, M.D. out 1-17-61 Commetered Com Discussion of and the selection that the second of the second

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH / director. Page or your files. e. COUNTY Mass. MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) "pending" in pencil in hem 18. Give Pages 1, 2, and 3 to the funeraxidi xaminer's Office along with form PM3. Page 5 may be retained for used as a burlal-transit permit. File pages 1 and 2 with the State Boar ion, or removal, and in any event within 72 hours after death. d. STREET ADDRESS D.O.A. Pen Gen Hospital Edgell Road Middle 4. DATE Month DECEASED VINCENT SELLEW (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdey) Male WIDOWED March 17.1913 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Self-employed) Voskotoja-Albania Barber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Chkliew Lenora Kristo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Arther Sellew (Son) Framingham, Mass (Yes, no. or unkown) ! (If yes give wer or detes of service) No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause Medical Examiner's DUE TO (e), steting the underlying pe nsed cremation, CERTIFICATION ease execute the certificate, writing the word should be forwarded to the Chief Medical EVINERAL DIRECTOR: Page 3 should be 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY TO or CONTRIBUTING T CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm,) Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) agent, prior to While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection K death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Camden Ave. Salisbury, Md Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ₫40 p Burial Dell Park Cemetery Natick, 23. FUNERAL DIRECTOR VS. A15ME

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) h. COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) Sakk Framingham . IS RESIDENCE ON A FARM? YES NO Year JANUARY 4th 1061 IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR | Months 12. CITIZEN OF WHAT COUNTRY? Pusan Road INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO [(Stete) Inquiry and in my opinion Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or country) Mass. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY MARYLAND arthur & times DATE JAN 6

MARYLAND STATE DEPARTMENT OF HEALTH

5M 7/59

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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY. b. COUNTY icomicO MARYLAND Marvlan Wicomico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) hr. pio Salisbury Delmar d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE Elizabeth YES NO I Peninsula Gen. Hospital NAME OF Middle 4. DATE Month Yeor OF DEATH (Type or print) Marion Beaven Sherwood 14th 1967 Jan. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Male Dec. 16.1888 WIDOWED DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Foreman Railroad Maryland TISA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Sherwood Charlotte Fleetwood 17. INFORMANT 16 SOCIAL SECURITY NO 716-01-944 Ethel Sherwood, Delmar, Md. No 1B. CAUSE OF DEATH [Enter only one couse per line (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO PA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. of work of work 19 6/ that I last saw the deceased 1955 to 21. I certify that I attended the deceased from. 1962___, and that death accurred at ___/ M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S Dr. L.V. Sohler NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) TO FUN BREMOVAL -Specify) Mount Olive Delmar 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Cothun & Knows

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH -- BALTIMORE, TB

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	1000			the Boundary

FOR STATE HEALTH DEPT

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 (1913 after death. VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (, 1 308

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institutions Resides e. STATE b. COUNTY	nce before edmission)
	Wicomico MARYLAND		omico
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give	neerest town)
	write RURAL end give neerest town)		
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Pittsville	
Jes.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
H.	n 1 2 0 3 11 2		YES NO
3	Peninsula General Hospital	Last 4. DATE Month Day	End hand
1	DECEASED	OF MONTH	Yeer
	(Type or print)	hort 1-2-61	19
5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR	IF UNDER 24 HRS.
		last birthdey) Months Deys	Hours Min.
-	M WIDOWED DIVORCED	May 12, 1899 61 yrs.	
	D. USUAL OCCUPATION (Give kind of work no during most of working life, even if retired)	11. BRTHPLACE (Slete or foreign country) 12. CITIZEN C	F WHAT COUNTRY
	to the state of th	4 9.0	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,
1.0		0 1 1	
	Janes M. Short	Poletie a. West	
15.	MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Ye	no, or unkown) (Ifyesgivewerordetesofservice)	11 01 4 1 +4 .11	- 1
	no /	Trace Start - Milloville	mal.
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	IN THE RESERVE TO THE	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		NSET AND DEATH
	IMMEDIATE CAUSE (a) Coronary occ	usion	udden
	DUE TO		
	Conditions, if eny, which (b)		
	geve rise to immediate cause		
	(e), steting the underlying DUE TO		
	cause lest. (c)		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	
Ĕ			PERFORMED?
15	OR PATERNAL CALLER WAS DOLL DESCRIPT HOW WILLIAM ORGANISM		YES NO
CERTIFICATION	20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 1B.)	
2	CAUSE OF DEATH.		
7	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, † 20f. (City or town) (County)	(Stele)
WEDICAL		tory, street, office bldg., etc.)	(5,0,0)
X	p.m. 19 et work et work		
1	21. I certify that I took charge of the remains described above, he	ald an Autopsy , Inspection y Inquiry y, and	in my opinion
		LAL LA	iii iii, opiilioti
	death resulted from: Natural causes Accident . Suice	ide, Homicide, Undetermined manner	
	0 0	CHIEF MEDICAL EXAMINER	
	ACTUAL CONT.	ASSISTANT MEDICAL EXAMINER	ATE SIGNED
	SIGNATURE	M.D.	
	EXAMINER'S Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER 1-3-61	
	NAME (Type)	Archiress (Street, city, town, or county)	
220	BUNDAL, CREMATION OLD GARMERED AVER NAME OF LEMETER YU	R CRIMATORY 22d. LOCATION (City, town, or country)	(Stete)
L	REMOVAL (Specify)	+ 11.11	
17	Jana 1/2/6/ oune com	my telleville	mal.
23	FUNEDAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAT	URE
	The wall be men Mills land	Olef DATE JAN 9 '61 Circles & The	.2
1	10 man Jumes 11 person	DATE VALLE S DI Circhen & The	MA

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1324 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Wicomico Maryland	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearast town)	
Salisbury	Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Fitzwater St.	WEE CO NO CO
3. NAME OF First Middle	Lest A. DATE Month Day Year
(Type or print) Emma ean Smith	OF DEATH 7 2 47 19
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B	DAFE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
	2x-30-60 last birthday) Months Days Hours Min.
G WISOMES STYCKEES 1-	
10a. USUAL OCCUPATION (Giva kind of work dona during most of working lifa, evan if reflect)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
none none	Wicimico co. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Emma Evans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) T(Hyasgivawerordetasofsarvica)	NFORMANT Address
************************************	Emma Smith Salisbury, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e) Broncho-pneu	monia- Hours
DUE TO	
Conditions, if eny, which (b)	
gava rise to immadiata cause DUE TO	
(a), stating the underlying Cause last.	
10/	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
8	YES V NO
	intar nature of injury in Pert I or Part II of itam 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stele)
	ory, street, office bldg., atc.)
p.m. 19 et work et work	
21. I certify that I took charge of the remains described above, he	Id an Autopsy X, Inspection X, Inquiry X, and in my opinion
death resulted from: Natural causes V. Accident . Suice	
The state of the s	
1 0 1	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER 1-5-61
220. BURIAL, CREMATION, 226. DATE THEREOF THE TOTAL THE OF CHAPTERY OF	CREMATORY 22d. LOCATION (Clly, town, or country) (Stete)
Buriat Pocify I -6 -6I Houston cem	
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Booker M. West S. lisbury, Md.	DATEJAN 11 '61 arthur S. Kraus
Doorer I's nood barrout, I'm	DATWAIL

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1.	PLACE OF DEATH a. COUNTY	Wicomico		MARYLA		USUAL RESID	,	ere deceased li	ved. If institution b. COUNTY		e before od mico	mission)
	b. CITY OR TOWN RURAL and give i	(If autside carporate limits legrest town) Salisbury	, write c. L	ENGTH OF STAY IN	16	c. CITY OR TO	-	utside carporat .sbury	e limits, write RI	JRAL and g	ive nearest t	own)
0	OR INSTITUTION	TAL (If not in hospital, given i				d. STREET AC		Monro	e St		OI	RESIDENCE N A FARM? NO D
3.	NAME OF DECEASED (Type ar print)	FLOREN	ICE	Middle MAY		Los I		4. DATE OF DEATH	JAN		L5th	Year 19 61
	Female	6. COLOR OR RACE White ON (Give kind af wark do	WIDOWED [DIVORCED [uly 5	,190	1 5	AGE (In years last birthday) yrs.	Manths	Days Ha	NDER 24 HRS
Re	during most of wa	tking life, even if refired) House Keep		None			tlar	id, Ma	ryland		J S A	COOIVIK)
)		M.Banks							hardso	n		
	WAS DECEASED EV	ER IN U. S. ARMED FORC (If yes, give war or dates of ser		AL SECURITY NO.	17 NGE	Worge Salisb	E.St	aton(Husbah Land	æ) 601	Mon	roe S
7	Canditians, if gave rise to cause (a), stating lying cause last	the under: DUE TO (c).	A .	serbet.	Ch	In	itt	Trus.				
CERTIFICATION		AS UNDERLYING CAUSE OF DEATH		HOW INJURY OCC					ST-12	EN IN PART	PE	REORMED?
MEDICAL CER	(IF EITHER, NOTIF	MEDICAL EXAMINER)	While	Y OCCURRED 20 Nat white at wark	De. PLACE factory,	OF INJURY (H	lame, farm bldg., etc.	, 20f. (City a	town) N/A	(C	aunty)	(State
	saw the deced	at (I) (this haspital) used alive on		the deceased fr		6 -	3 12 15 P		le causes an	/		l) (we) las ted above
	220. SIGNATURE	e mi	the	y	M.D.	ATTENDING PHYS.	DI DI	ED. RECTOR	STAFF PHYS.	Jaı	1.16	22b. DATE SIGNEE /196
	NAME (Type)	r.Andrew (C.Mitc	hell				Ave.	Salisb	ury,	Mary	land
23	o. BURIAL, CREMATI REMOVAL (Specify BURIS	236. DATE THEREOF		PARSONS		EMATORY METER	ζ.		ISBURY			State)
L .	T.T.OWAY	& COMPANY	SALT	ADDRESS SBURY MA	ARYT.	AND		D BY REGISTRA		STRAR'S SIG		

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1396 CERTIFICATE OF DEATH 1.1211

1020	0-01					
1. PLACE OF DEATH o. COUNTY Wicomico MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Salisbury	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury					
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Pen Gen Hospital	d. STREET ADDRESS 901 S.Division St 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)					
NAME OF First Middle DECEASED (Type or print) MATTIE ELIZABET	OF.					
SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCE	lost birthdoy) Mapths Daxs Hours Min.					
Od. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Employee (Restaurant)	Pittsville, Maryland USA					
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
L. Teagle Truitt	Emma C. Johnson					
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give wor or dates of service)] [(If yes, give wor or dates of service)]	Mr. Everett Stevens (Husband) 901 S.Divisi St. Salisbury, Maryland					
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost. Conditions, if ony, which gove rise to immediate couse (b). DUE TO DUE TO DUE TO OUT TO TO THE STOTE STOTE CONTROLLING CO	levater that he area 5 yrs (7) ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY					
Brouchia astlina	PERFORMED? YES NO DOCCURRED. (Enter noture of injury in Port I or Port II of Item 18.)					
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work	20e. PLACE OF INJURY (Home, form, fociory, street, office bldg., etc.) N/A (County)					
21. I certify that (I) (this haspital) attended the deceased fram 11 10 1956, ta 1 1 1961, that (I) (we) last saw the deceased alive an 12 3 1960, and that death accurred at 90 M, fram the causes and an the date stated above.						
220. SIGNATURE PLYESS . Lander	M.D. ATTENDING MED. STAFF SIGNED PHYS. Jan. 3 /1961					
PRIFUS S. Gardner Jr. Thomas C. Hill	Pine Bluff Road-Salisbury, Maryland					
REMOVAL (Specify)	ille Cemetery Bittsville, Maryland					
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOTTOMAN & COMPANY CATTERING	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					

TO HOSPITAL. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour, or death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removol, and in any event, within 72 hours ofter death. VR A1S (4) 15M 9/59

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CERTIFICATE OF DEATH

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I director, filed with shauld puo Pages death after papers. 50 5 remove

2 E filled campletely and physicion attending please the þ been signed burial-transit attending physicion cremotion, certificate has the shauld be detached for Board of

funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR/NSTITUTION d. STREET ADDRESS NAME OF First Middle 4. DATE Last DECEASED LOR (Type or print) DEATH B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) DIVORCED | WIDOWED A 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) HOUSEWIFE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME VIRGINIA TEWAR 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NONE 1B. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port of Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year actory, street, affice bldg., etc.) Haur a.m. While Nat while ot wark ot wark 21. I certify that (1) (this hospital) attended the deceased frame. 20 saw the deceased alive on TO FUNERAL DIRECTOR: poge 3 shauld be detacl 22a/SIGNATURE ATTENDING PHYS. STAFF MED M.D. DIRECTOR [PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) poge 3 sh the State 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY RBMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 0 '6' VR A15 (4) 1SM 9/59

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY MARYLAND 11. amico c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Year NUAR 1961 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH Re PAY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERMINAL/DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO IT (County) (Stote) , that (1) (we) last , and that death accurred at 22.M, from the causes and an the date stated above. 22b. DATE SIGNED 23d. LOCATION (City, town, or county) (State) 25b. REGISTRAR'S SIGNATURE

TSEL THE STATE OF THE S

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S FOR STATE CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) irector. Page your files. . COUNTY b. COUNTY Wicomico Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Salisbury (Rural) for your Board of (Rural) Salisbury d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 1(At Home on Farm) tem 18. Give Pages 1, 2, and 3 to the funerwith form PM3. Page 5 may be retained permit. File pages 1 and 2 with the State I any event within 72 hours after death. NAME OF Middle 4. DATE Month Year DECEASED OF WILLIAM EDWARD TOWNSEND 2nd 1961 (Type or print) DEATH JANUARY IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED W NEVER MARRIED 60 vrs Nov. 1,1900 Male DIVORCED WIDOWED 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)

Driver—Salesman

R.D.# Salisbur 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? I the word "pending" in pencil in Item 18. Give Pages 1, 2. Medical Examiner's Office along with form PM3. Page should be used as a burial-transit permit. File pages 1 and done during most of working life, even if relired) R.D.# Salisbury, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice A. Pusey Murray Edward Townsend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mamle P. Townsend (Wife) R.D.# 1 (Yes, no, or unkown) | (Ifyesgivewarordalesofservice) Salisbury Maryland 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN U. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO or removal, Conditions, if any, (b) gave rise to immediate cause DUE TO (e), sleting the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati NO X 20a. EXTERNAL CAUSE WAS PRIMARY TO F CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) CAUSE OF DEATH. Farm Tractor turned over, falling on driver 2Dd. INJURY OCCURRED - 20e. PLACE OF INJURY (Home, farm, 20f. (Cily or lown) (County) (State) 20c. TIME OF INJURY jactory, street, office bldg., etc.) Not While While Not While at work at Home on Farm+R.D.#1 Salisbury (Wico 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion EDICAL Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Dr. Earl L. Romer DEPUTY MEDICAL EXAMINER 1961 Jan. DEPUT 407 Camden Ave. Salisbury, Md. Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) Burial /1961 Fruitland Cemetery Fruitland, Maryland Jan. OF 0 £40 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME arthur S. Homa HOLLOWAY & COMPANY SALISBURY MARYLAND 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

BY ACTOR SO SEE ACTION STORY STORY SOURCE STORY 0.0017001 (Charles) valued Tax the state of the Roman or the state of A SUBJECT OF THE STATE OF THE A E B . Day Thinds Else Tragin abile Burfyrall, ameiliarans vacanch shear lame, lieth - . h it finished

NOR STATE HEALTH DEPT. or our files. of Health, necessary, TO DEPUT: CEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decrease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral understand the converded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-fransit permit. File page 4 and 2 with the State Board or its designated agent, prior to burial, geneation, or removal, and in any event within 72 murs after death. VS. A15ME 5M 7 59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1390 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceased fived, If institution, Residence before demission)				
Wicomico MARYLAND	Maryland Wicofico				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Maryland Wicolico CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Del mar	/ Delmar				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS				
at 1700 at 170	ON A FARM?				
Delmar Md	Delmar Md. YES NO X				
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF				
(Type or print) Cheryl Ann Tull	DEATH 1-1-61 19				
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
FI C WIDOWED DIVORCED	last birthday) Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					
None	Maryland U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	THE THE PROPERTY OF THE PROPER				
Purnell Wodson	Mildred Tull				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT				
Par !	ill of Till 119 (Partaut II) Villiand				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH				
IMMEDIATE CAUSE (a) Broncho-pnoume	onia				
DUE TO					
Conditions, if any, which (b)					
gave rise to immediata cause					
(a), stating the underlying DUE TO					
cause test.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
TV	PERFORMED? YES TO NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Er	nter nature of Injury In Part I or Part II of item 18.)				
PRIMARY Or CONTRIBUTING	not hadde of migry in rail to rail it of home to.)				
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Slata)				
Hour e.m. While Not While facto	ory, streat, office bldg., etc.)				
21. I certify that I took charge of the remains described above, hel	d an Autopsyt, Inspectiony, Inquiry , and in my opinion				
death resulted from: Natural causes 🔻, Accident 🧻, Suicident	de , Homicide , Undetermined manner				
10.7	CHIEF MEDICAL EXAMINER				
ACTUAL E	ASSISTANT MEDICAL EXAMINER DATE SIGNED				
SIGNATURE	M.U.				
Examiner's Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER 1-9-61				
	han Address (Street, city, town, or county)				
	CREMATORY 22d. LOCATION (City, town, or country) (Stete)				
burial 1/3/1961 Union Metho	odiat Dolmon 1/d				
burial 1/3/1961 Union Metho	odist Delmar Md.				
23. POINTER DIRECTOR	248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
Clinton or & tellast Sales, IM	DATE JAN 12'61 Cuthun S. Phane				
2082,402 XV3					

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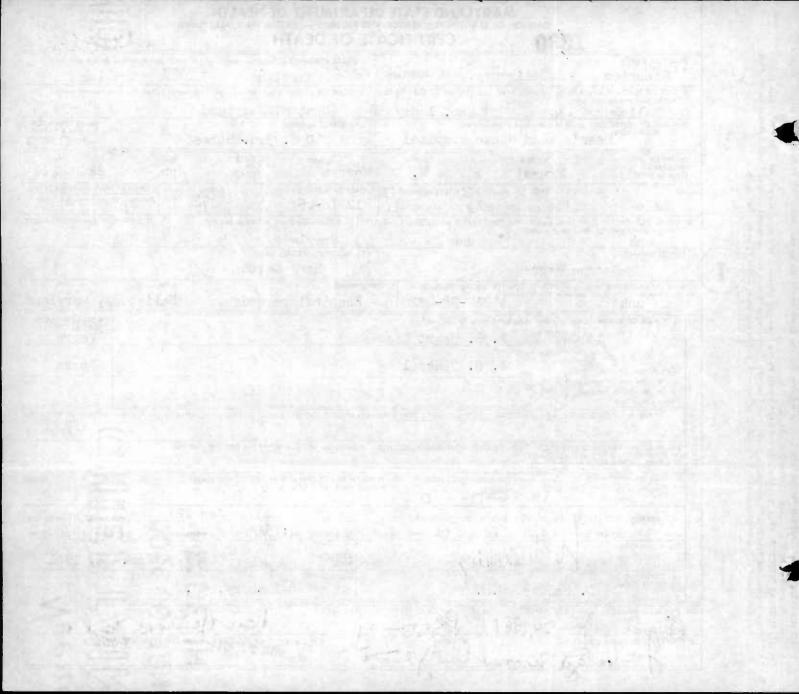
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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4.	1	3	1	1)	

		2011							1000		}	
1.	PLACE OF DEATH a. COUNTY WICOMIC	o Sal	isbu	ry, MARY		a. STATE Mary	Where decease	ed lived. If institut b, COUNT	1 -	nce befor		ion)
	b. CITY OR TOWN (RURAL and give no	f autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN ((If autside corp	orote limits, write	RURAL ond	give ne	arest tawn)
	Salish			limo. 1 da	TV V	Denton	. Marv	land	0	5)	5 0	2
		TAL (If not in hospital, g	ive street		4.7	d. STREET ADDRESS	1				e. IS RES	IDENCE
	OP INISTITUTION			te Hospital		210 S.	3rd.	Street				NO
	NAME OF DECEASED	Fir		Middle W	Ta	lost arren	4. DATE OF	Υ	nth	2		rear 19 61
	(Type ar print)	Ernes				<u> </u>	DEATH					
5.	Male	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRII		12-18-85		9. AGE (In years last birthdoy) 75 yrs	Months	Days	Haurs Haurs	Min.
100	. USUAL OCCUPATION	ON (Give kind of work	dane 10b	KIND OF BUSINESS O	R INDUSTR	11. BIRTHPLACE (St.	ote ar foreign	country)	12.CI	IZEN O	WHATC	OUNTRY?
	during mast af war	king life, even if retired)						US	3 A		
	unk			unk		Marylan			Or	DA.		
13.	FATHER'S NAME				0.56	14. MOTHER'S MAIDE						
)	G	eorge Warre	en			Mary	Smith					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INFC	RMANT		Ad	dress		L.	
(Ye	is, no, or unknown)	(If yes, give war ar dates of s	ervice)	217-28-4228	3	Hospital r	records	S	alisb	iry.	Mary	rland
-											ERVAL BE	
				ine far (a), (b), and (c).	J					ON	SET AND	DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) A. S. Heart Disease Years											
	AL 2 O & O DUE TO											
	Conditions, if any, which) A. S. General Years											
	gove rise to i	mmediate	,									
	cause (a), stating	the under-										
_	lying cause last.) (c								1		
Ó	PART II. OT	HER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TE	RMINAL DISEA	SE CONDITION G	IVEN IN PA	RT 1(a)	PERF,O	RMED?
TA.				Ą							YES 🔼	
CERTIFICATION	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	CCURRED.	Enter noture of injury	in Part I ar Pa	art II af item 18.)		7		
SAL	20c. TIME OF INJUI	RY Month, Doy, Ye	ar 20d.	INJURY OCCURRED	20e. PLAC	OF INJURY (Hame,	farm, 20f. (Ci	ty or town)		(Caunty))	(State)
MEDICAL	Haur a. m.	19	While		facta	y, street, affice bldg.,	etc.)					
×	p. m.		at wa				(0)	7 00		/3	-	
	21. I certify the	at (1) (this haspita	l) atten	ded the deceased	fram			Jan 22				we) last
		sed alive an Jar	1 2	22_19 61, and	that dea	th accurred a43	25MMran	n the causes a	ind on th	e date	e stated	abave.
	22o. SIGNATURE	1. 1	4	1								
	1 308	VVU	Alako	111.	М.	ATTENDING PHYS.	MED. DIRECTOR	STAFF Y	Jan	. 22	. 19	6 IGNED
П	22c. PHYSICIAN'S	9 0 00	W	wi /	M.	22d. ADDRESS	DIRECTOR L	11113			3	
	NAME (Type)	L. Maldve	B.ff	D			alisbur	Md.				
		L. Malave	3, 11.	D.			allout	J , 1100				
23	a. BUNAL, CREMATIC	ON, 236. DATE THERE	OF .	23c. NAME OF CEM	ETERY OR	REMATORY	and. LOC	ATION (City, town	or county	,	(Stot	le)
	REMOVAL (Specify	Jan >4	1961	Skoo	nes	1	100	VIJant	(20	h	el .	
24	FUNERAL DIRECTO	'S SIGNATURE		DDDRESS	1 "	25a. R	REC'D BY REGI	STRAR 256. REC	SISTRAR'S	CHATI	J.B.E.A.	
	1	leras he	000	you !	700	DATE	MINIT L					
	V	0		0								



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1331 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

(1316

1. PLACE OF DEATH		SIDENCE (Where deceased lived.		ore admission)
o. COUNTY COICO	MARYLAND O. STATE	Md.	COUNTY Some	rset
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	H OF STAY IN 16 C. CITY O	R TOWN Of outside corporate limit	11_	arest town)
d. NAME OF HOSPIAL (If not in hospital, give street oddress)	70731	ADDRESS	MARE	e. IS RESIDENCE
Peninsala General Hos	spital d. Sikee	ADDRESS	19X-5	ON A FARM?
3. NAME OF First	Middle	ost 4. DATE	Month Do	y Yeor
(Type or print) Roger Bart	idl whi	Te DEATH JZ	nuary 6	196/
S. SEX 6ADOLOR OR RACE 7. MARRIED WE	VER MARRIED B. DATE OF BI	RTH 9. AGE	(In years IF UNDER 1 YEAR birthdoy) Months Days	Hours Min.
m WIDOWED □	DIVORCED HOTIL	23 1886 1	4 yrs.	Trous Man.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USINESS OR INDUSTRY 11. BIRTH	PLACE (Stote or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHE	R'S MAIDEN NAME		~
Maniel White	Ha	ttie Gr	een	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC (Yes, no. or unknown) (If yes, give wor or dates of service)	CURITY NO. 17. INFORMANT	1.11 5/-	Address	11
	Mrs. Orr	2 White	Mt. Verno	n Md.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (l	b), ond (c).]	1 0		ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	lardial In	Lanction	ON	3 JASS
420 . O DUE TO -				
Conditions, if ony, which)	scalarater &	teast Diseas	29	
gove rise to immediate	330000			
Luing gaves last				
, (4)	ING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				PERFORMED? YES NO NO
TO ACCIDENT WAS LINDEDIVING TO JOB DESCRIPE HOW	/ INJURY OCCURRED. (Enter noture	of injury in Port I or Port II of it	tem 18.)	TES LI NO ES
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	wood, occounted, (and how			
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCC	fastani street of		n) (County	(Stote)
Hour o. m. While Not work of work of work	willie			
21. I certify that (1) (this haspital) attended the d	deceased from Sau	o 1961 to	u 6 1961, 11	hat (I) (we) last
saw the deceased alive an 2000 0 196		red at 12 6M, from the co		111
220. SIGNATURE	A. 7 and mar deam accord	ed dieem, ir din mage	doses and on the dan	22b, DATE
Thomas C. He	M.D. ATTEND	DIRECTOR PHY	FF S.	1/6/61
22c. PHYSICIAN'S NAME (Type)	22d ADI	RESS Bluff Roa	1 . Salit	411
		2 170	ta toost	in , and
Z REMOVAL (Specify)	HE OF CEMETERY OR CREMATORY	2d. OCATION (C	eynon	Migrel .
14. JUNIERAL DIRECTOR'S SIGNATURE ADDI	RESS	250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATU	JRE
Three Hennen Pin	ces Anne m	DATE IAN 13 '61	Chillan S. Kra	A

Service Line Water Contract Kocar Barton White wason Fred 33 18 6 74 Pariet White Poétic Green My Corra White Nt Versia Nd Myocardiol Intention 3 6 actions of which thent Discoses to due of the same Themse C. Hell n. 10/0/ Pare Bloff Road, Solo son

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1	1. PLACE OF DEATH o. COUNTY INICOMICO	MARYLAND	o. STATE Maryland b. COUNTY W1comico								
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Salisbury								
2	d. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION	HCSPITAL	1341 S.Division St o. is residence on a farm? Yes \(\) No \(\)								
	3. NAME OF DECEASED (Type or print) STELLA	Middle LEE	Chile SEATH TANUARY 4 1961								
	S. SEX 6. COLOR OR RACE 7. MARRI FEMPLE (LhITE WIDOWEI		B. DATE OF BIRTH Dec. 28, 1891 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. M								
	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work at Home	None	Eden, Maryland USA								
	William Dykes		Elizabeth Shockley								
1		SOCIAL SECURITY NO. 17 IN	Martin White (Husband 1341 S.Division St. Salisbury, Maryland								
/	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
	Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause lost. Canditions, if any, which (b) DUE TO DUE TO	Oregin und	etermined (Microscopie examination) may reeven & Orlan								
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO YES NO										
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part II of item 18.)								
	20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. N/A 19 While at wark	Nat while fac	ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.) N/A (Caunty) (State)								
	21. I certify that (I) (this hospital) attended saw the deceased alive an +		death accurred at M, from the causes and an the date stated abave.								
1	220. SIGNATURE Soeph C. F. & gowle		M.D. PHYS. MED. STAFF 1/5/6/ 22b. DATE SIGNED								
	NAME (TOP). Joseph C. Fit:	zgerald	707 Camlen Ceve, Salisbur								
	230. Burial, CREMATION, 23b. DATE THEREOF Burial Jan. 7, 1961	Wicomico Me									
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
	HOLLOWAY & COMPANY SAI	LISBURY MARY	TLAND DATERARY 6 '61 Carting S. Track								

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by we funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remaval. and in any event, within 72 hours after death. VR A1S (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs.

TO HOSPITAL

r death. Page 4

and the state of t ,=== graduling and the middle of the state of the ELECTION OF THE PARTY the second of th Elements III a de mol. d THE DESIGN AND THE STATE OF THE

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deliver necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and if any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1333 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)							
Y	Wicomico Maryland	a. STATE b. COUNTY							
	b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearast town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)							
1	Willards	Willards							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 0. IS RESIDENCE							
-1		ON A FARM?							
Į,	New Hope Road	New Hope Road YES NO L							
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer							
1	(Typa or print)	DEATH 10							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
1	/ MAKRIED NEVER MAKRIED	lest birthday) Months Days Hours Min,							
1	M WIDOWED DIVORCED	10-27-1910 50 yrs.							
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
1	Garage Att. Service Station	Maryland U. S. A.							
1									
	Harry Wilkins	Manie Dishroon							
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (Ifyasgivewerordelasofservica)	NFORMANT Address							
П	xx xxx 220-26-3516	Lillian Carter Willards, Md.							
H	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN							
7	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
1	IMMEDIATE CAUSE (a) Shotgun Wound	of brain Sudden							
1	DUE TO								
ł	Conditions, if any, which \ (b)								
	geve rise to immediata cause								
1	(a), stating the underlying ceuse last.								
1	(6)	P. DELAYER TO THE TREATMENT DIFFACE CONTINUES OF THE PROPERTY							
V	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
Л	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH SURVEY CAUSE OF DEATH SURVE	YES NO TY							
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	nter neture of injury In Pert f or Pert fl of item 18.)							
1	PRIMARY A or CONTRIBUTING CAUSE OF DEATH.								
	SALT INTITIOTED 61	ingle barrel shotgun wound of head. CE OF INJURY (Home, farm, 20f. (Cily or fown) (County)							
	20c. TIME OF INJURY Month, Dey, Yeer 20d. (NJURY OCCURRED 20e. PLAN Hour e.m. While Not While factor at work a	ory, street, office bldg., etc.) (City or fown) (County) (Siele)							
-1	10 Ap.M. 1-2-167 at work at work very	Home. Willards Wicomico Md.							
	21. I certify that I took charge of the remains described above, hel								
	death resulted from: Natural causes . Accident . Suici	de X, Homicide , Undetermined manner							
1		CHIEF MEDICAL EXAMINER							
	ACTUAL E &								
	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER							
	Examiner's Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER 1-3-61							
	220. BURIAL, CREMATION, 244 OTTE GAME ON AVRAME OF SEREFERS	Address Street, city, town, or county) 22d. LOCATION (City, town, or country) (State)							
		101 4 7 7							
1	Burial Jan. 4, 1961 New Hone	248. REC'D BY REGISTRAN AND AGSTRADE SIGNATURE							
	1)+ MU I	Al the second second second							
1	I wer many xelliquelle !	I DATEJAN 9 '61							

August Der Lank All of the latest the second to the second t The translated are supplied to the contract of .Drew Do Banks at John Lough Alapha Sanatitit 1183 . -- 0.2 0.24 -- 0.24 -- 0.25 1 - - - 1 The state of the s .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1334

6	#	9	47	0
	- 83	7	- 65	1 4
-		-	7.5	1

	ACE OF DEATH COUNTY Wicon	7.00		MARYL	LAND	2. USUAL RESIDENCE O. STATE		decease	b. COU	1TY	. 35	fare adm	nission)
	CITY OR TOWN (IF	autside corporate limit	ts, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR TOW		ide carpo			RAL and give n	nearest to	wn)
	RURAL ond give ned			13 Yrs.		Salisbu	ישינו		- 1:	2			
d.	NAME OF HOSPITA	AL (If hat in hospital, gi	ive street	oddress)		d. STREET ADDR				a i		e. IS R	ESIDENCE A FARM?
		ank Rd.				Tony ?	Tank	Rd.,					NO 5
	ME OF CEASED	Firs	st	Middle		Last	4	DATE		Manth		Day	Year
	pe or print)	SAMUEL		FRANKLYN		WOODCOCI	K	OF DEATH				18	1961
S. SEX	(7. MARR	RIED NEVER MARRIE	D 🔲 B.	DATE OF BIRTH			9. AGE (in ye last birthda		FUNDER 1 YEA		7
	Male	White	WIDOWE	ED DIVORCED		May 5,189	1		(0	/rs. /	Manths Days	Hour	s Min.
10a. U	JSUAL OCCUPATIO	N (Give kind of work d	done 10b.	KIND OF BUSINESS OF	RINDUST	RY 11. BIRTHPLACE	(Stote or	fareign c	ountry)		12. CITIZEN	OF WHAT	COUNTRY
	Real Esta			Broker		Mary:	land				U.S.	A.	
13. FA	THER'S NAME				19.19	14. MOTHER'S MAI	DEN NAM	AE					
	Samuel F	. Woodcock				Carrie :	Smith	1					
		IN U. S. ARMED FORG		SOCIAL SECURITY NO.	17. INF	DRMANT				Addres	15	3 10	
	Yes	W.W.1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Mr	s. S.F. Wo	odcoc	ck, S	Same				
18	. CAUSE OF DEAT	TH [Enter only one cou	use per lin	ne for (o), (b), and (c).]	^	()	. /	2	A				BETWEEN ID DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	100	grouary	Oe	chluses	w, (la	le		01		ay
	420	DUE TO					1	W.L	J-15- 5	ď.			1
	Conditions, if on	y, which) (b)			^	1 1			1				0
	gove rise to in couse (o), stating t	mediate (0	A ·	1).	# 91		- 1	1			2-	1
	ying couse last.	(c)	0	ellese	llu	olle H	eur	1	Juse	كما	2	0	yu
NO.	PART II. OTH	ER SIGNIFICANT COND	DITIONS C	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE	TERMINA	L DISEAS	CONDITION	GIVEN	N IN PART 1(a)	19. WA	S AUTOPSY
3		1140	Cor	deal 1	usu	folecer	icy	,0	Wou	Le		YES [
ET 20	Do. ACCIDENT WAS	UNDERLYING DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter noture of inju	ury in Pari	or Por	t II of item 18.				
L CERT	F EITHER, NOTIFY	MEDICAL EXAMINER)											
WEDICA 02	Haur o. m.	Month, Day, Yea			20e. PLAC	E OF INJURY (Hamery, street, affice bld	e, farm,	20f. (City	or town)		(Caunt	y)	(Stote
MEI	p. m.	19	While of world	k at work		1	,,		1				
2	1. I certify that	(I) (this haspital)	attend	led the deceased f	from	3/24	195	7. ta_	1/18		19.6	that (I)	(we) la
	aw the decease	- 1	117	/		ath accurred at	(7/1)	8	the causes	and			
	20. SIGNATURE	1 0'					-A	,		3.10	311 1110 00		22b. DATE
	· Ve	flesos,	5	ordure)	12_M	D. ATTENDING PHYS.	MED.	TOR [STAFF PHYS.		7-2	20-1	967
2	2c. PHYSICIAN'S NAME (Type)	0				22d. ADDRESS			A HELL			-	
	I I	or. Rufus S	Ga. Ga	rdner		Rine	Blu	ff Ro	i., Sal	isb	oury, M.	aryl	and
		N, 23b. DATE THEREO	F	23c. NAME OF CEME	TERY OR	CREMATORY	23	d. LOCA	TION (City, tov	n, or	county)	(5)	tate)
	EMOVAL (Specify)	1/20/1960	6	Parsons C	emet	ery			isbury,				
	NERAL DIRECTOR'S			ADDRESS			REC'D B				RAR'S SIGNAT	URE	
H	1177 & Joh	nson Co. S	alis	hury, Maryl	and	DA.	TEJAN	2 3 '6	1 (Int.	un & the	aug.	

TO HOSPITA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 har after death. Page 4 may be rekained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, the name of the contraction of the standard physician on the standard physician physicia

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BUTTON CONTRACTOR OF THE PARTY AND ADDRESS OF A THE STREET OF BUILDING AND EXAMPLE PROPERTY.